

NATIONAL INSURANCE.

National Health Insurance.

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DRAFT REGULATIONS, DATED THE 7TH NOVEMBER, 1913, PROPOSED TO BE MADE UNDER SECTION 15 OF THE NATIONAL INSURANCE ACT, 1911, BY THE NATIONAL HEALTH INSURANCE JOINT COMMITTEE ACTING JOINTLY WITH THE INSURANCE COMMISSIONERS.

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The National Health Insurance Joint Committee, acting jointly with the Insurance Commissioners, in pursuance of the powers conferred on them by the National Insurance Acts, 1911 to 1913, and by the National Insurance (Joint Committee) Regulations, 1912 and 1913, hereby make the following Regulations:—

PART I.

General.

1. These Regulations may be cited as the National Health Insurance (Medical Benefit) Regulations (England), 1913. Short title.

2.—(1.) In these Regulations, unless the context otherwise requires, the following expressions have the respective meanings hereby assigned to them:— Interpretation.

“The principal Act” means the National Insurance Act, 1911.

“The amending Act” means the National Insurance Act, 1913.

“The Joint Committee” means the National Health Insurance Joint Committee.

“The Commissioners” means the Insurance Commissioners or, where by virtue of the National Insurance (Joint Committee) Regulations, 1912 and 1913, any power is exercisable by the Joint Committee or by the Joint Committee acting jointly with the Commissioners, means the Joint Committee, or the Joint Committee acting jointly with the Commissioners, as the case may require:

“Committee” means the Insurance Committee for any County or County Borough:

“County” includes County Borough:

“Society” means an Approved Society and includes the Navy and Army Insurance Fund:

“Member” means a member of a Society for the purposes of Part I. of the principal Act who is an insured person entitled to medical benefit:

“ Exempt person ” means a person holding a certificate of exemption under Part I. of the principal Act, who fulfils such conditions as may be imposed by any regulations made under Section 9 of the amending Act:

“ Insured Person ” means an insured person entitled to medical benefit, and includes an exempt person:

“ Practitioner ” means a duly qualified medical practitioner:

“ Chemist ” means any person, firm, or body corporate, entitled to carry on the business of a chemist or druggist under the provisions of the Pharmacy Act, 1868, as amended by the Poisons and Pharmacy Act, 1908:

“ Registered Pharmacist ” means a person who is registered as a chemist or druggist under the Pharmacy Act, 1868:

“ Treatment ” means medical attendance and treatment:

“ Drugs ” includes medicines:

“ Local Medical Committee ” means a Local Medical Committee formed for any County and recognised by the Commissioners under Section 62 of the principal Act, and any reference to a Local Medical Committee shall have effect only where a Local Medical Committee has been so formed and recognised:

“ Panel Committee ” means a committee appointed under the provisions of Section 32 of the amending Act, and any reference to a Panel Committee shall have effect only where a Panel Committee has been appointed:

“ Pharmaceutical Committee ” means a committee elected under the provisions of Section 33 of the amending Act, and any reference to a Pharmaceutical Committee shall have effect only where a Pharmaceutical Committee has been elected:

“ Association of deposit contributors ” means an Association of deposit contributors formed for any County under the National Health Insurance (Insurance Committees: Representation of insured persons) Regulations (England), 1913:

“ Institution ” means a system or institution existing on the 16th December, 1911, through or under which treatment was available on that date:

“ Address ” means full postal address.

“ Year ” means such period, corresponding as nearly as may be to a calendar year, as may be fixed by the Commissioners for the purposes of the administration of medical benefit:

“ Quarter ” means such period, being as nearly as may be a period of three months, as may be fixed by the Commissioners for the purposes of the administration of medical benefit.

(2.) The Interpretation Act, 1889, applies to the interpretation of these Regulations as it applies to the interpretation of an Act of Parliament.

PART II.

Arrangements for the provision of Medical Benefit.

3.—(1) Every Society having members resident in any County shall, as soon as may be, supply to the Committee for that County a list of the names and addresses of the members so resident.

(2) The Committee shall, as soon as may be, cause to be prepared from the lists so supplied a list of names and addresses of the members of Societies resident in the County, and shall cause to be prepared a further list of the names and addresses of deposit contributors and exempt persons resident in the County, which lists are in these Regulations collectively referred to as the "Register."

The
Register.

4. For the purpose of providing treatment for insured persons the Committee shall enter into written agreements with such practitioners as are willing to undertake the treatment of insured persons on the terms of the agreement.

Agreements
with prac-
titioners.

5.—(1) The Committee shall, after consultation with the Local Medical Committee and Panel Committee, embody in a draft agreement the terms upon which it is proposed to invite practitioners to undertake treatment, and shall submit the draft to the Commissioners for their approval.

Conditions
of service.

(2) Every such draft agreement shall include the conditions specified in the First Schedule to these Regulations, and where payment is to be made to the practitioner out of the proceeds of any Parliamentary grant, shall include such conditions as are necessary to be complied with as conditions of that grant:

Provided that the Committee may, if they think fit, subject to the approval of the Commissioners, make any modifications in any of the conditions specified in the said schedule, whether in the case of one or more practitioners.

6.—(1) The Committee shall prepare a list, to be called "the medical list," of the practitioners who have entered into agreements with the Committee, (in these Regulations collectively referred to as "the panel").

The medical
list.

(2) The medical list shall contain, in addition to the names of practitioners—

(a) the private address, and the address of any surgery, dispensary, or other place, at which a practitioner undertakes to attend for the purpose of treating insured persons;

(b) particulars of the days and hours at which he undertakes to be in attendance at each place; and

(c) where two or more practitioners practising in partnership have signified their desire to undertake treatment, the name of the firm or partnership;

and may, if the Committee think fit, be so arranged as to show the area in the County in which each practitioner undertakes treatment.

(3) A copy of the medical list shall be sent to the Commissioners, and shall be available for the inspection of insured persons at the office of the Committee and at such other places as the Committee may think fit.

Prescribed
appliances.

7. The medical and surgical appliances to be provided as part of medical benefit shall be the appliances mentioned in the Second Schedule to these Regulations.

Prices of
drugs and
appliances.

8. For the purpose of making arrangements for the supply of drugs and appliances, the Committee shall, after consultation with the Local Medical Committee, the Panel Committee and the Pharmaceutical Committee, prepare a list (in these Regulations referred to as "the Drug Tariff") of the prices on the basis of which the sums to be paid for the drugs ordinarily supplied and for the prescribed appliances are to be calculated, and shall determine the method by which payment for drugs not included in the Drug Tariff is to be calculated.

Agreements
with
chemists and
others

9.—(1) The Committee shall enter into written agreements with chemists and other persons, firms, or bodies corporate, who are willing to undertake the supply of drugs or appliances or both on the terms of the agreement (all of whom are in these Regulations included in the expression "persons supplying drugs or appliances").

(2) No person shall be entitled to dispense medicines for insured persons under the arrangements made by the Committee with persons supplying drugs or appliances, other than a chemist who undertakes that all medicines supplied by him to insured persons under the arrangements made by the Committee shall be dispensed either by or under the direct supervision of a registered pharmacist or by a person who, for three years immediately prior to the 16th December, 1911, has acted as a dispenser to a practitioner or a public institution.

Conditions
of supplying
drugs and
appliances.

10.—(1) The Committee shall, after consultation with the Pharmaceutical Committee, embody in a draft agreement the terms upon which it is proposed to invite persons to undertake the supply of drugs or appliances, or both, and shall submit the draft to the Commissioners for their approval.

(2) Every such draft agreement shall include the Drug Tariff and the method by which payment for drugs not included in the Drug Tariff is to be calculated, and the conditions specified in the Third Schedule to these Regulations, with the necessary modifications in the case of a person undertaking to supply drugs or appliances only, or not entitled to dispense, and with such other modifications as the Committee may, subject to the approval of the Commissioners, think fit.

(3) The Committee shall make arrangements with the Pharmaceutical Committee for securing that in each area, so far as practicable, one or more of the places of business of persons supplying drugs and appliances shall at all reasonable times be open to insured persons who require drugs or appliances.

List of
persons
supplying
drugs and
appliances.

11.—(1) The Committee shall prepare and issue a list of the names and addresses of the persons who have entered into agreements with the Committee, and the list shall indicate whether they have undertaken to supply drugs or appliances or both, and shall distinguish those who are entitled to dispense medicines, and the Committee before issuing shall submit the list to the Pharmaceutical Committee.

(2) A copy of the list shall be sent to the Commissioners and to every practitioner on the panel and shall be available for the

inspection of insured persons at the office of the Committee and at such other places as the Committee may think fit.

(3) The Committee shall furnish to every person supplying drugs or appliances a copy of the medical list, and every such person shall exhibit at his place of business a notice in the form prescribed in the Fourth Schedule to these Regulations.

12.—(1) Where an insured person is resident in a rural area at a distance of more than one mile from the place of business of the nearest chemist supplying drugs or appliances, or where the Committee are satisfied that an insured person by reason of distance or inadequacy of means of communication or of the limitations of the hours of business of chemists supplying drugs or appliances will have difficulty in obtaining any necessary drugs or appliances from a chemist supplying drugs or appliances, the Committee may, and shall, if the practitioner so desires, make arrangements for the supply to that person by the practitioner attending him of such drugs and appliances as would otherwise under these Regulations have been supplied by a person supplying drugs or appliances, and any question arising under this Regulation shall be referred to the Commissioners whose decision shall be final.

Arrangements for supply by practitioners of drugs and appliances.

(2) Arrangements made by the Committee for the supply of drugs to an insured person by a practitioner shall not be determined during the year in respect of which they are made, by reason of the fact that in the course of that year a chemist who carries on business within a distance of one mile from the residence of the insured person is included in the list of persons supplying drugs or appliances, or that a chemist on the list of persons supplying drugs or appliances commences to carry on business within that distance.

(3) The Committee shall make arrangements for the supply by practitioners on the panel of all or any of the following:—

- (a) drugs which are necessarily or ordinarily administered by a practitioner in person; and
- (b) drugs and appliances required for immediate administration or application, or required for use before a supply can conveniently be obtained otherwise under these Regulations.

13.—(1) The Committee shall, for the purpose of providing medical benefit for persons desiring to receive treatment (including drugs and appliances) through an institution, consider any application for approval made by the Board of Management of, or person administering, any institution for the purposes of subsection (4) of Section 15 of the principal Act.

Approval of institutions

(2) The Committee shall send to the Commissioners such particulars relating to the institution and the application received therefrom as the Commissioners may require, together with a statement as to whether or not they approve the institution.

(3) The Commissioners may, if they think fit, approve any institution which has been approved by the Committee, and the approval of the Commissioners shall have effect for the period stated in the approval, subject to the observance by the institution of the following conditions:—

- (a) that the institution shall make such alterations in, and additions to, its rules as the Commissioners may

require, and shall not thereafter make any alterations in or additions to its rules affecting the rights of insured persons, except with the consent of the Commissioners;

- (b) that the institution shall be conducted in such a manner as to comply with any conditions which, by reason of any scheme for the distribution of a Parliamentary grant, must be complied with in the case of treatment provided otherwise than through the institution, as a condition of payment of that grant; and
- (c) such other conditions, if any, as the Commissioners may think fit to impose.

Power to
require or
allow
persons to
make their
own arrange-
ments.

14.—(1) The Committee may fix an income limit for the purpose of the administration of medical benefit, and may require insured persons whose incomes exceed that limit, in lieu of receiving medical benefit under the arrangements to be made by the Committee, to make their own arrangements for receiving treatment (including drugs and appliances): Provided that the Committee may exempt from this requirement any insured persons who ought in the opinion of the Committee to be exempted whether by reason of the occupation or method of remuneration of the class to which they belong or of their circumstances or residence or otherwise.

(2) The Committee shall inform the Commissioners of any income limit proposed to be fixed by the Committee under these Regulations, and shall, before fixing, varying, or abolishing an income limit, give public notice of their intention so to do and shall consult the Local Medical Committee and Panel and Pharmaceutical Committees, and shall consider representations made to them by any Society having members resident in the County, or by the Association of deposit contributors for the County.

(3) Any Society having members resident in the County, or the Association of deposit contributors, Panel Committee or Pharmaceutical Committee for the County may at any time, by notice in writing to the Committee, dispute the right of any insured person to receive medical benefit under the arrangements made by the Committee, on the ground that the income of that person exceeds the income limit and that he is not entitled to be exempted.

(4) Upon receipt of any such notice the Committee may, if it appears to them that the income of that person exceeds the income limit, and that he is not entitled to be exempted, give notice in writing to that person that, unless, within a period specified in the notice, he shows that his income does not exceed that limit or that he is entitled to be exempted, the Committee will require him to make his own arrangements; and if, within the said period, the insured person fails to show that his income does not exceed that limit or that he is entitled to be exempted, the Committee shall require him to make his own arrangements.

(5) Any decision of the Committee to fix, vary or abolish an income limit shall only take effect from the commencement of the succeeding year.

(6) The Committee may allow any insured persons resident in the County, whether individually or collectively, in lieu of receiving medical benefit under the arrangements made by the Committee, to make their own arrangements for receiving treatment.

15. The Committee shall cause to be published, in such manner as appears to them best calculated to inform all persons interested, particulars of the arrangements made by the Committee, including a statement of the places where a copy of the medical list, of the list of persons supplying drugs or appliances, and of a list of approved institutions, may be seen, and any forms of applications necessary to be obtained by insured persons are available, and a statement as to any income limit fixed by the Committee, and any other particulars which the Committee think proper.

Publication
of
particulars

16.—(1) If at any time the Committee desire to make any alterations in the terms of service of practitioners on the panel, they shall, after consultation with the Local Medical Committee and Panel Committee, submit for the approval of the Commissioners a statement of the proposed alterations.

Revision of
terms of
service of
practitioners.

(2) If and so far as the proposed alterations are approved by the Commissioners, they shall take effect as from the commencement of the succeeding year, or from such later date as the Commissioners may determine.

(3) The Committee shall not later than six weeks before the commencement of any year give notice to every practitioner on the panel of the alterations, if any, in the terms of service which will take effect in the succeeding year.

17.—(1) If a practitioner, other than one whose name has been removed by the Commissioners from the medical list in force in the area of any Committee in the United Kingdom at any time makes application to the Committee for that purpose, the Committee shall include him in the medical list.

Admission
to and
withdrawal
from panel.

(2) Any practitioner who desires to withdraw from the panel may give notice in writing to the Committee to that effect not later than four weeks before the commencement of any year, and his name shall thereupon be removed from the medical list at the end of the year in which notice is given, and, where a practitioner has not given notice to the Committee before the date aforesaid, he shall be deemed to have undertaken service in the succeeding year on the terms of his agreement with the Committee, as varied by the alterations, if any, which will take effect in that year:

Provided that—

- (i) where in the course of any year a practitioner desires to discontinue practice, both under his agreement with the Committee and otherwise, within the area in which he has undertaken treatment, and gives notice to the Committee to that effect, his name shall be removed from the medical list upon the expiration of the period specified in the notice, or, if the Committee so require, upon the expiration of such longer period (not exceeding in the whole two months from the date of the notice) as the Committee may think fit; and

(ii) where in the course of any year a practitioner desires to discontinue practice under his agreement with the Committee but not otherwise, and the Committee consent, his name may be removed from the medical list as from such date as may be agreed between the practitioner and the Committee.

(3) The name of any practitioner who dies during the year or whose name is directed to be removed from the medical list by the Commissioners shall thereupon be removed from the list:

Provided that for the purpose of securing the treatment of insured persons on the list of a deceased practitioner until arrangements are made for their transfer to the list of another practitioner, the legal personal representative of the deceased practitioner may, if he gives notice to that effect to the Committee within seven days of the death of the practitioner, appoint a practitioner, whether being a practitioner on the panel or not, to undertake the treatment of such of those persons as do not apply to be transferred to the list of another practitioner, and the person so appointed shall be entitled to undertake the treatment for such period as the Committee think fit, as if he were the deputy of the deceased practitioner.

(4) The Committee shall, as soon as may be, inform the Commissioners of any alteration in the medical list.

(5) A copy of the medical list revised up to date shall be kept available for the inspection of any insured person at the office of the Committee and at such other places as the Committee may think fit, and the Committee shall, at least fourteen days before the commencement of the year, issue the medical list for that year.

Revision of
Drug Tariff.

18.—(1) If at any time the Committee desire to make any alterations in the Drug Tariff or in any other of the terms upon which the supply of drugs and appliances is undertaken, they shall, after consultation with the Local Medical Committee and the Panel and Pharmaceutical Committees, submit for the approval of the Commissioners a statement of the proposed alterations, and where the Commissioners have prescribed any further appliances, of the prices on the basis of which the sums to be paid for those appliances are to be calculated.

(2) Subject to the approval of the Commissioners, the alterations shall take effect as from the commencement of the succeeding year, or from such later date as the Commissioners may determine.

(3) The Committee shall not later than six weeks before the commencement of any year give notice to each person supplying drugs or appliances of the alterations, if any, in the Drug Tariff or other terms which will take effect in the succeeding year.

Admission
to and with-
drawal from
list of
persons
supplying
drugs or
appliances.

19.—(1) If a person supplying drugs or appliances, other than one whose name has been removed by the Commissioners from the list of persons supplying drugs or appliances in force in the area of any Committee in the United Kingdom, at any time makes application to the Committee for that purpose, the Committee shall include him in the list.

(2) Any person supplying drugs or appliances who desires to have his name removed from the list may give notice in writing

to the Committee to that effect not later than four weeks before the commencement of any year, and his name shall thereupon be removed from the list at the end of the year in which notice is given :

Provided that where in the course of any year a person supplying drugs or appliances desires to determine his agreement with the Committee, and the Committee consent, his name may be removed from the list as from such date as may be agreed between him and the Committee.

(3) The name of any person supplying drugs or appliances who dies during the year, or whose name is directed to be removed from the list by the Commissioners, shall thereupon be removed from the list :

Provided that where upon the death of any person supplying drugs or appliances the business is carried on in accordance with the provisions of the Pharmacy Act, 1868, as amended by the Poisons and Pharmacy Act, 1908, by a person who is his executor or administrator or the trustee of his estate within the meaning of Section 16 of the former Act, that person shall be deemed to be a person included in the list so long as the business is carried on by him in accordance with the provisions of those Acts.

(4) The Committee shall, as soon as may be, inform the Commissioners of any alteration in the list.

(5) A copy of the list revised up to date shall be kept available for the inspection of any insured person at the office of the Committee and at such other places as the Committee may think fit, and the Committee shall, at least fourteen days before the commencement of the year, issue the list for that year, and shall before issuing submit the list to the Pharmaceutical Committee, and, where a person supplying drugs or appliances has not given notice to the Committee before the date aforesaid, he shall be deemed to have undertaken the supply of drugs or appliances or both, as the case may be, in the succeeding year on the terms of his agreement with the Committee, as varied by the alterations, if any, which will take effect in that year.

PART III.

Methods of obtaining medical benefit.

20. Every insured person, other than a person who is under these provisions of the amending Act or of these Regulations required to make his own arrangements for obtaining treatment, shall be entitled either to obtain treatment from a practitioner on the panel or to obtain treatment through any approved institution, or, with the consent of the Committee, to make his own arrangements for obtaining treatment.

Right to select method of obtaining treatment.

21.—(1.) An insured person who desires and is entitled to select a practitioner on the panel may make application, in such manner as the Committee with the approval of the Commissioners may require, to any practitioner on the panel, and, subject to the consent of the practitioner, shall be entitled to obtain treatment from him.

Selection of practitioner on the panel

(2) Where under any arrangements approved by the Commissioners the Committee or the Society of which he is a member provide the insured person with a voucher for that purpose, the practitioner shall be entitled to require him to produce such voucher as a condition of receiving treatment.

(3.) Where an application has been received by a practitioner, he shall within one week inform the Committee of his acceptance or rejection of that application.

(4.) The Committee shall make arrangements with the Panel Committee for enabling any insured person, entitled to select a practitioner on the panel, who makes application for that purpose in such manner as the Committee with the approval of the Commissioners may require, to be assigned to a practitioner on the panel.

Right to
obtain drugs
and
appliances.

22. Every insured person entitled to obtain treatment from a practitioner on the panel shall be entitled to obtain such drugs and prescribed appliances as may be ordered for him by the practitioner on the panel from whom he obtains treatment, either from that practitioner, where arrangements for that purpose have been made by the Committee, or where no such arrangements have been made, from any person supplying drugs or appliances who is entitled and has undertaken to supply those drugs or appliances:

Provided that an insured person shall not be entitled so to obtain any appliance, if the Committee have made provision for lending that appliance and have given notice to that effect to the practitioners on the panel and the persons supplying drugs or appliances.

Application
to approved
institution.

23. An insured person who desires and is entitled to obtain treatment through an approved institution shall make application, in such manner as the Committee with the approval of the Commissioners may require, to the institution, which shall within one week inform the Committee of its acceptance or rejection of the application, and in the case of rejection the Committee shall, as soon as may be, inform the applicant that he is rejected.

Application
to be
allowed to
make special
arrange-
ments.

24.—(1.) An insured person who desires to be allowed to make his own arrangements for obtaining treatment shall make application to the Committee in such manner as the Committee, with the approval of the Commissioners, may require, and the Committee shall, as soon as may be, inform him of their consent or refusal, as the case may be.

(2.) An insured person who under the provisions of the amending Act or of these Regulations is required to make his own arrangements shall give notice to that effect to the Committee.

Preparation
of lists.

25. The Committee shall prepare a list of persons who have been accepted by, or assigned to, each practitioner on the panel, a list of persons who have been accepted by each approved institution, and a list of persons required or allowed to make their own arrangements for obtaining treatment, and shall furnish each practitioner on the panel and approved institution with a copy of his or its appropriate list.

Transfers
during the
year.

26.—(1.) Where, in the course of a year the name of a practitioner has been removed at his request from the medical list, or he has ceased to practise within the area in which he has under-

taken treatment, he may notify to the Committee and to the insured persons concerned, in such manner as the Committee may require, that he has made arrangements for their transfer to the list of another practitioner or other practitioners on the panel, and any person receiving such notice shall be deemed to have consented to be so transferred, unless within fourteen days after the receipt thereof he gives notice to the contrary to the Committee..

(2.) Where in the course of a year a practitioner on the panel has died, and his legal personal representative has made temporary arrangements under the provisions of Part II. of these Regulations for securing the treatment of persons on the list of that practitioner, the legal personal representative may, before the expiration of the period during which the temporary arrangements remain in force, notify to the Committee and to the insured persons concerned, in such manner as the Committee may require, that arrangements have been made for their transfer to the list of another practitioner or other practitioners on the panel, and any person receiving such notice shall be deemed to have consented to be so transferred, unless within fourteen days after the receipt thereof, he gives notice to the contrary to the Committee.

(3.) Where an insured person has given notice to the Committee within the said period of fourteen days that he is unwilling to be so transferred to the list of another practitioner, he shall be entitled to select another practitioner on the panel, as if he had not previously made a selection.

(4.) Where no such arrangements as are mentioned in the first two paragraphs of this Regulation have been made, or where the name of a practitioner has been removed from the medical list by the Commissioners, the Committee shall give notice to the insured persons concerned that the name of the practitioner has been removed from the list or that he has ceased to practise within the area or has died, as the case may be, and the insured persons shall be entitled to select another practitioner on the panel, as if they had not previously made a selection.

(5.) Where an institution through which insured persons were entitled to obtain treatment has ceased to be approved, the Committee shall give notice thereof to the insured persons entitled to receive treatment through that institution, and they shall be entitled to select a method of treatment, as if they had not previously made a selection.

(6.) An insured person and the practitioner on the panel from whom he is entitled to obtain treatment may by consent arrange for the transfer of the insured person in the course of a year to the list of any practitioner on the panel who is willing to accept him and, save in the case mentioned in the first paragraph of this Regulation, notice of the transfer shall be given to the Committee within seven days by the practitioner to whose list the insured person is transferred on a form to be provided by the Committee for that purpose, and the notice shall be signed by the insured person and both the practitioners concerned.

(7.) Subject as aforesaid and to the provisions of Part V. of these Regulations relating to the decision of questions arising between an insured person and the practitioner attending him, an insured person shall not be entitled, while in the area within

which arrangements have been made for his treatment, to select another method of treatment in the course of a year or another practitioner.

Removal. **27.**—(1.) Where an insured person, other than a person required or allowed to make his own arrangements for obtaining treatment, is absent from the area within which arrangements have been made for his treatment, and gives notice in such manner as the Committee in whose area he is for the time being may, with the approval of the Commissioners, require, he shall be entitled to obtain medical benefit under the arrangements made by that Committee as if he were a person who had not previously selected a method of treatment.

(2.) An insured person who is required or allowed to make his own arrangements and who intends to be absent for a period of less than three months from the County in which he is resident shall not during that absence be entitled to obtain medical benefit under the arrangements made by the Committee to whose area he removes, but, save as aforesaid, an insured person who is required or allowed to make his own arrangements shall upon removal from the County be entitled to obtain medical benefit in the manner provided in the last preceding paragraph of this Regulation.

Notice of removal, suspension &c. **28.**—(1.) Where a deposit contributor changes his place of residence he shall notify the address of his new place of residence to the Commissioners.

(2.) Where a member of a Society changes his place of residence he shall notify the address of his new place of residence to the Society.

(3.) Not later than seven days after a Society receives notice from a member of his change of address, it shall notify to the Committee in whose Register his name was included his name and number in the Society or branch and the addresses of his former and new places of residence, and, in the case of removal from one County to another, the last-mentioned Committee shall, as soon as may be, notify the name of the member and of his Society or branch and his number in the Society or branch, and the address of his new place of residence, to the Committee of the County to which he has removed.

(4.) Every Society shall notify to the Committee the name and number in the Society or branch of any member whose name is included in the Register of the Committee and who has died or ceased to be an insured person or a member of the Society, and of any person resident in the County who has been admitted as a member, not later than seven days after the determination of, or admission to, membership as the case may be.

(5.) Where the medical benefit of a member of a Society is suspended by reason of his contributions being in arrear or of marriage, the Society shall give notice to the Committee in whose Register his name is included.

Alteration of lists during year **29.** Where the Committee, in whose Register the name of an insured person is included, receive notice of his death, suspension from benefits or removal from the area in which he was entitled to receive treatment, the necessary alterations shall be made in the Register and lists kept by the Committee, so as to take effect as

from the date of such death, suspension or removal, and the Committee shall give notice to any practitioner on the panel or approved institution concerned, and if the insured person has removed outside the County, his name shall be transferred to the Register of the County to which he has removed: Provided that—

(i.) In the case of an insured person who was previously entitled to obtain treatment from a practitioner on the panel or through an approved institution, and who intends to be absent from the area within which arrangements have been made for his treatment for a period of less than three months (who is in these Regulations referred to as a “temporary resident”), no alterations shall be made in the lists or Register of the Committee for a period of three months, but if he resides in any area in which he is entitled to receive treatment as a temporary resident for a longer period than three months, the necessary alterations shall be made in the lists of the Committee, and, if that area is outside the County, the Committee of the County to which he has removed shall transfer his name to their Register, as from the expiration of the said period of three months; and

(ii.) In the case of an insured person required or allowed to make his own arrangements who intends to be absent from the County for a period of less than three months, no alterations shall be made in the lists or Register of the Committee, but if he resides in any other County for a longer period than three months, the Committee of that County shall give notice to the Committee in whose Register his name is included, and his name shall be transferred to the Register of the first-mentioned County as from the expiration of the said period of three months.

30.—(1) No insured person who has selected a method of obtaining treatment or has been assigned to a practitioner on the panel in any year shall be entitled to obtain treatment in the succeeding year by any other method or from any other practitioner on the panel, unless before the 1st day of December in the year he gives notice, in such manner as the Committee may require, that he desires to select another method of obtaining treatment or another practitioner.

Right to change method of treatment at end of year.

(2.) Where an insured person has given such notice before the date aforesaid, he shall be entitled to select a method of treatment for the succeeding year in the manner provided by these Regulations.

Part IV.

Financial Provisions.

31. In this part of these Regulations, unless the context otherwise requires, the following expressions have the respective meanings hereby assigned to them:—

Interpretation.

“General Medical Benefit Fund” means a fund established by the Commissioners in accordance with the provisions of this Part of these Regulations.

“Persons making their own arrangements” means insured persons in respect of whose medical benefit any sum has been credited to the Committee out of the General Medical Benefit Fund and who are required or allowed to make their own arrangements for obtaining treatment.

“Insured members of institutions” means insured persons in respect of whose medical benefit any sum has been credited to the Committee out of the General Medical Benefit Fund and who have elected and are entitled to obtain treatment through approved institutions as their medical benefit:

“Persons on panel-lists” means all insured persons in respect of whose medical benefit any sum has been credited to the Committee out of the General Medical Benefit Fund and who are not persons making their own arrangements or insured members of institutions.

Agreements
between
societies and
committees.

32.—(1.) Every Committee shall before the commencement of each year furnish to the Commissioners a statement of the amounts in consideration of which the Committee are willing to defray the cost of the medical benefit of the members of each Society which has members resident in the County, and the cost of the administration of that medical benefit, and the Commissioners shall give notice to each Society of the amount so estimated by each Committee in whose area members of the Society are resident.

(2.) Every Society shall within one month after the commencement of the year inform the Commissioners whether or not it agrees to accept the terms offered by the several Committees in whose areas its members are resident, and unless within that period a Society gives notice that it refuses to accept the terms offered by any Committee, the Society shall be deemed to have accepted those terms.

(3.) Where a Society has given notice within the period aforesaid of its refusal to accept the terms of any Committee and the Commissioners are satisfied that the Committee and the Society are unable to agree, the Commissioners shall determine the amount to be paid by the Society to the Committee in such manner as they think fit, after a consideration of any representations made by either party.

(4.) All sums payable under this Regulation by a Society in respect of the cost of medical benefit shall be credited in the books of the Commissioners to the General Medical Benefit Fund, out of moneys standing in the appropriate National Health Insurance Fund to the credit of that Society.

(5.) Every Committee shall, before the commencement of each year, inform the Commissioners of the amount which is, in the opinion of the Committee, properly payable in respect of the cost of the medical benefit of each deposit contributor and exempt person resident in the area of the Committee, and, subject to the consent of the Commissioners, the amount aforesaid shall be carried from the Deposit Contributors' Fund or from any fund out of which the cost of medical benefit of exempt persons is to be paid under any regulations hereafter to be made to the credit

of the General Medical Benefit Fund in respect of each deposit contributor and exempt person entitled to medical benefit and resident in the area of the Committee.

33.—(1.) All moneys payable to the Committee out of the General Medical Benefit Fund including any Parliamentary grant or portion of a Parliamentary grant in respect of the medical benefit of insured persons (other than sums voted for the purposes of a Special Drug Fund and Mileage Fund) shall be carried in each year to the Medical Benefit Fund Account of the Committee.

(2.) The Committee shall ascertain in each year the number of the persons making their own arrangements by adding together the numbers of persons who are included in the list of persons making their own arrangements at the commencement of each quarter and dividing the total by four, and shall in a similar manner ascertain the number of the insured members of institutions.

(3.) The sums carried in respect of each year to the Medical Benefit Fund Account of the Committee shall be divided into three funds, to be called respectively the Panel Service Fund, the Institutions Fund, and the Special Arrangements Fund, in proportion to the number of insured persons who are respectively persons on panel-lists, insured members of institutions, and persons making their own arrangements, and the Panel Service Fund shall be carried, as to thirteen-seventeenths thereof, to the credit of a fund to be called the Practitioners Fund, and as to four-seventeenths thereof to the credit of a fund to be called the Drug Fund:

Provided that :—

- (i) in calculating the sums to be carried to the credit of the above-mentioned funds, regard shall be had to the number of persons, who are respectively persons on panel-lists, insured members of institutions and persons making their own arrangements, and in respect of whom reduced contributions have been paid under the provisions of subsection (2) of Section 48 and subsection (10) of Section 81 of the principal Act, and a rebate has been claimed by their respective Societies out of the General Medical Benefit Fund;
- (ii) where, owing to the failure to comply with any of the conditions of any Parliamentary grant on the part of any practitioner on the panel, person supplying drugs or appliances, approved institution, or person making his own arrangements, the sum payable to the Committee in respect of that grant is reduced, the sums carried to the credit of the above-mentioned funds shall be so adjusted as to secure that the loss shall fall on the appropriate fund; and
- (iii) where any sums are allotted by the Committee to, and for the administrative expenses of, the Panel Committee or the Pharmaceutical Committee, the sums so allotted shall be charged to the Practitioners' Fund, or the Drug Fund, as the case may require.

Medical
Benefit
Fund
Account.

Prac-
titioner's
accounts.

34. Every practitioner on the panel shall, in accordance with his agreement with the Committee, furnish to the Committee accounts on forms provided by the Committee, containing such particulars as may be necessary for calculating the amount of remuneration payable to him by the Committee: Provided that where two or more practitioners on the panel are practising in partnership, the accounts of the partnership may be furnished as a single account.

Calculation
of remunera-
tion under
single
system.

35.—(1.) Where the Committee have adopted a capitation system of payment, they shall credit to each practitioner on the panel, in respect of each of the persons included in his list at the commencement of each quarter, an amount (in these Regulations referred to as a "capitation fee") calculated in accordance with the rate contained in his agreement with the Committee, and there shall be credited to such of the practitioners on the panel and in such proportions as are agreed between the Committee and the Panel Committee, or in default of agreement, as the Commissioners may determine, such further capitation fees as are in the aggregate equal to the number of insured persons (other than insured members of institutions and persons making their own arrangements) whose names are at the commencement of the quarter included in the Register of the Committee, and who have not at that date been accepted by or assigned to any practitioner on the panel, and in arriving at any such agreement the Committee shall have regard to the responsibility incurred by each practitioner on the panel to give treatment during that quarter to insured persons not included in his list at the commencement of the quarter.

(2.) Where the Committee have adopted a system of payment by attendance, they shall credit to each practitioner on the panel, in respect of each service rendered by him an amount (in these Regulations referred to as an "attendance fee"), calculated in accordance with the rate contained in his agreement with the Committee:

Provided that, if the Panel Committee so require, the accounts of practitioners shall be submitted to the Panel Committee, and they shall be entitled to reduce or disallow any item of any account, and the sums to be credited to practitioners under this Regulation shall be based on the accounts as so adjusted by the Panel Committee.

(3.) The Committee shall ascertain the aggregate amounts so credited to the practitioner, and the aggregate amounts so credited to all practitioners on the panel, and shall pay to each practitioner an amount bearing the same proportion to the sum credited to him as the amount in the Practitioners Fund (after deducting any sums payable out of that fund to the Central Medical Benefit Fund or set apart for mileage, as hereinafter in these Regulations provided) bears to the aggregate amounts so credited to all the practitioners.

Calculation
of remunera-
tion under
combined
system.

36. Where the Committee have adopted a method of remuneration which combines a capitation system with a system of payment by attendance (the capitation fees or the attendance fees, as the case may be, being payable in priority), the Committee shall pay to each practitioner out of the Practitioners Fund the fees credited to him which are payable in priority, and shall pay to

each practitioner, out of the balance of the Practitioners Fund, in respect of other fees credited to him, an amount bearing the same proportion to those fees as the balance of the Practitioners Fund (after deducting any sums payable to the Central Medical Benefit Fund or set apart for mileage as aforesaid) bears to the aggregate amounts of such other fees credited to all the practitioners on the panel.

37. As soon as may be after the expiration of each quarter the Committee shall pay to each practitioner such sum as may be agreed between the Committee and the Panel Committee in advance of the amount due to him, without prejudice, however, to the power of the Committee, at such other times as they may think fit, to pay to a practitioner such other sums on account as they may determine, and shall pay the balance of the amount so due as soon as may be after the expiration of the year. Payment to practitioners.

38. Where the Committee have made arrangements with a practitioner for the supply by him of all drugs and prescribed appliances requisite for the treatment of the persons on panel-lists obtaining treatment from him or any of them, the Committee may, instead of paying in respect of the drugs and appliances actually supplied by the practitioner, agree to pay and pay to him as a capitation fee in respect of each person to whom he undertakes to supply drugs and appliances a sum calculated in the manner hereinafter provided, and the Committee shall appropriate from the Drug Fund an amount sufficient to pay to practitioners with whom such agreements have been made the sums due to them under this provision. Capitation payment for drugs and appliances.

39.—(1.) Every person supplying drugs or appliances (including a practitioner, other than a practitioner to whom capitation fees are paid in respect of the supply of drugs and appliances) shall, on dates to be appointed by the Commissioners, furnish to the Committee accounts on forms provided by the Committee, containing particulars of drugs and appliances supplied by him to insured persons and of the prices of those drugs and appliances, calculated in accordance with the method contained in his agreement with the Committee. Payment to persons supplying drugs or appliances.

(2.) The Committee shall, if the Pharmaceutical Committee so require, submit such accounts for the examination of the Pharmaceutical Committee, and the Pharmaceutical Committee shall make a report to the Committee stating which items in each account ought in the opinion of the Pharmaceutical Committee to be accepted and which, if any, ought to be reduced or disallowed, and any account as adjusted in accordance with the recommendations, if any, of the Pharmaceutical Committee made thereon shall be binding on the person furnishing the account as if it were an account stated.

(3.) The Committee shall, if the Panel Committee so require, submit to that Committee the accounts and the report, if any, made thereon by the Pharmaceutical Committee, and, if the Panel Committee take any objection to any item in any account or to any recommendation contained in the report, the Committee shall decide as to the validity of such objection.

(4.) The Panel Committee may, if they think fit, either with or without a previous examination of the accounts, inform the Committee that they are willing to accept all or any of the accounts or any part of any account as furnished to the Committee, or

where they have been submitted to the Pharmaceutical Committee as adjusted in accordance with the recommendations, if any, made by that Committee, and, in so far as the accounts are accepted by the Panel Committee, they shall be binding on all the practitioners on the panel, and the Committee shall be entitled to credit sums to persons supplying drugs or appliances in accordance with those accounts.

(5.) The Committee shall credit to each person furnishing an account the amount agreed under the foregoing provisions of this Regulation or where no agreement has been arrived at, the amount which the Committee may ascertain to be proper, and shall pay to each such person the amount so credited to him, or an amount bearing the same proportion to the sum so credited to him as the amount remaining in the Drug Fund (after deducting any sums payable out of that fund to the Central Medical Benefit Fund and any sums appropriated under the last preceding Regulation) bears to the aggregate amounts so credited to all those persons, whichever is the less.

(6.) Where a practitioner agrees to supply drugs and appliances to insured persons at a capitation fee, there shall be paid to him in every year and in respect of each such person a sum equal to the average amount payable in that year to persons supplying drugs or appliances in respect of each person entitled to obtain drugs and appliances from those persons, so, however, that (i) if the amount so ascertained exceeds a sum equal to the total amount carried in that year from the Panel Service Fund to the credit of the Drug Fund (after deducting any sums payable out of that fund to the Central Medical Benefit Fund) divided by the number of persons on panel-lists, it shall be reduced so as to be equal to that sum, and (ii) if the amount so ascertained is less than a sum equal to three-fourths of the total amount carried in that year from the Panel Service Fund to the credit of the Drug Fund (after deducting any sums payable out of that fund to the Central Medical Benefit Fund) divided by the number of persons on panel-lists, it shall be increased so as to be equal to that sum, and for the purposes of this provision the number of persons to whom the practitioner agrees to supply drugs and appliances at a capitation fee shall be calculated by ascertaining the number of those persons included in his list at the commencement of each quarter and dividing the number so ascertained by four.

(7.) If in any year there is any balance standing to the credit of the Drug Fund after payment of the amounts aforesaid a sum not exceeding one-fourth of the total amount carried from the Panel Service Fund to the credit of the Drug Fund in respect of that year shall be carried to the credit of the Practitioners Fund for that year, and the remainder, if any, shall be carried to the credit of the Drug Fund for the succeeding year.

(8.) As soon as may be after the receipt of an account from a person supplying drugs or appliances the Committee shall pay to the person furnishing the account such sum as may be agreed between the Committee and the Pharmaceutical Committee in advance of the amount due to him, and shall pay the balance of the amount so due as soon as may be after the expiration of the year.

Excessive
ordering of
drugs.

40.—(1.) Where it appears to the Panel Committee that by reason of the character or amount of the drugs or appli-

ances ordered for insured persons by any practitioner or practitioners on the panel, the cost of the supply of those drugs and appliances is in excess of what may reasonably be necessary for the adequate treatment of those persons, the Panel Committee may, and if any representations to that effect are made to them by the Pharmaceutical Committee, shall, make an investigation into the circumstances of the case, whether in respect of the drugs and appliances ordered by an individual practitioner or generally as to the orders given for drugs and appliances by practitioners on the panel.

(2.) The Panel Committee shall, after hearing the Pharmaceutical Committee and any practitioner concerned, make a report to the Committee, and if, after considering the report, the Committee are of opinion that an excessive demand upon the Drug Fund has arisen owing to orders given by a practitioner which are extravagant either in character or in quantity they may, if they think fit, make such deduction from the amount payable to that practitioner by the Committee as they think fit and shall pay the amount so deducted to the credit of the Drug Fund: Provided that the practitioner shall be entitled to appeal to the Commissioners, whose decision shall be final.

41. For the purpose of defraying the cost of the medical benefit of temporary residents, the Commissioners shall establish a fund (in these Regulations referred to as the "Central Medical Benefit Fund"), and shall carry to the credit of that fund in respect of each case of disease or disablement for which insured persons obtained treatment as temporary residents in England a sum (in these Regulations referred to as a "case-value") which shall be determined in accordance with the following principles, that is to say:—

Central
Medical
Benefit
Fund.

(1.) The Commissioners shall determine in each year the case-value of persons on panel-lists in each County by dividing the amount of the Panel Service Fund by the number of cases of disease or disablement of persons on panel-lists in that County in respect of which treatment was given during that year.

(2.) The Commissioners shall determine in each year the case-value of insured members of institutions in each County by dividing the amount of the Institutions Fund or the aggregate amount certified in the manner hereinafter provided to have been expended by institutions in that year, whichever is the less, by the number of cases of disease or disablement of insured members of institutions in that County in respect of which treatment was given during that year.

(3.) The Commissioners shall ascertain the number of cases of disease or disablement of persons on panel-lists in respect of which they obtained treatment as temporary residents in England, and shall credit to the Central Medical Benefit Fund and debit, as to thirteen-seventenths thereof to the Practitioners Fund and as to four-seventenths thereof to the Drug Fund, a sum calculated by multiplying the case-value of persons on panel-lists by the number of cases so ascertained.

(4.) The Commissioners shall ascertain the number of cases of disease or disablement of insured members of institutions in

respect of which they obtained treatment as temporary residents in England, and shall credit to the Central Medical Benefit Fund and debit to the Institutions Fund a sum calculated by multiplying the case-value of insured members of institutions by the number of cases so ascertained.

(5.) The sums to be credited to the Central Medical Benefit Fund in respect of insured persons whose names are included in the Register of any County in Scotland, Ireland or Wales and who become temporary residents in England shall be such sums as may be determined by the Scottish Insurance Commissioners, the Irish Insurance Commissioners and the Welsh Insurance Commissioners respectively.

(6.) The Commissioners shall debit to the appropriate funds of each Committee case-values in respect of the treatment of persons included in the Register of that Committee who obtain treatment as temporary residents in Scotland or Wales, and shall pay each of the sums so debited to the Scottish Insurance Commissioners or the Welsh Insurance Commissioners, as the case may require.

Payment
out of
Central
Medical
Benefit
Fund.

42.—(1.) The Committee shall credit to each practitioner on the panel and to each approved institution in respect of the treatment of temporary residents, sums calculated in accordance with the scale contained in the Fifth Schedule to these Regulations, and shall credit to each person (including a practitioner on the panel) and to each institution in respect of the supply of drugs or appliances to temporary residents, amounts calculated in accordance with the Drug Tariff or other method of calculation adopted by the Committee, and shall within one month after the end of the year furnish to the Commissioners an account of the amounts so credited during that year.

(2.) A sum equal to thirteen-seventeenths of the Central Medical Benefit Fund, shall be carried to the credit of a Central Panel Fund, and the remaining four-seventeenths to the credit of a Central Drug Fund.

(3.) Where the aggregate amounts so credited in respect of the supply of drugs and appliances do not exceed the Central Drug Fund, the Commissioners shall pay to each Committee the sum stated in the account furnished by the Committee, and, where the aggregate amounts so credited exceed the Central Drug Fund, an amount bearing the same proportion to the sum stated in that account as the Central Drug Fund bears to the aggregate amounts so credited.

(4.) If there is any balance standing to the credit of the Central Drug Fund after payment of the amounts aforesaid, a sum not exceeding one-fourth of the total amount carried to the credit of the Central Drug Fund in respect of that year shall be carried to the credit of the Central Panel Fund and the remainder, if any, shall be carried to the credit of the Central Drug Fund for the succeeding year.

(5.) The Commissioners shall pay to each Committee furnishing an account in respect of treatment an amount bearing the same proportion to the sum stated in that account as the sums standing to the credit of the Central Panel Fund bear to the aggregate amounts so credited.

(6.) The Committee shall pay to each institution or person (including a practitioner on the panel) supplying drugs and appliances to temporary residents, a sum bearing the same proportion to the sum so credited to it or him as aforesaid as the sum paid in that year to the Committee out of the Central Drug Fund bears to the total amounts credited by the Committee in respect of the provision of drugs and appliances to temporary residents.

(7.) The Committee shall pay to each institution and practitioner on the panel, in respect of the treatment of temporary residents, a sum bearing the same proportion to the sum so credited to it or him as aforesaid, as the sum paid in that year to the Committee out of the Central Panel Fund bears to the total amounts credited by the Committee in respect of the treatment of temporary residents.

(8) The provisions of this Part of these Regulations relating to the powers of the Panel and Pharmaceutical Committees to examine accounts and to report on or take objection to items in those accounts shall apply to accounts rendered in respect of the treatment of and supply of drugs and appliances to temporary residents by practitioners on the panel and persons supplying drugs or appliances.

43.—(1.) Every approved institution shall, at the commencement of each quarter furnish to the Committee a statement on a form to be provided by the Committee of the number of insured members of the institution. Institutions Fund.

(2.) As soon as may be, after the expiration of each quarter, the Committee shall pay out of the Institutions Fund to the approved institution submitting the statement, in advance of the amount due to it, such sum as may be agreed between the Committee and the institution, or in default of agreement, as may be determined by the Commissioners, without prejudice, however, to the power of the Committee at such other times as they may think fit to pay to the institution such other sums on account as they may determine.

(3.) The Board of Management of, or person administering, an approved institution shall, as soon as may be, after the end of every year, furnish to the Committee a certificate on a form to be approved by the Commissioners stating the amount expended by the institution during that year upon the provision of treatment (including medicines and appliances) for insured members of the institution, and the Committee shall pay out of the Institutions Fund to the institution a sum equal to the amount certified to have been so expended, or a sum bearing the same proportion to the sum standing to the credit of the Institution Fund for that year (after deducting the amount, if any, payable out of that fund to the Central Medical Benefit Fund) as the number of insured members of that institution bears to the total number of insured members of institutions, whichever shall be the less.

(4.) Where, owing to the failure on the part of any institution to comply with any of the conditions of any Parliamentary grant, the sum payable in that year to the Institutions Fund is reduced, a corresponding reduction shall be made in the amount paid in that year to the institution which is in default.

(5.) Any sum standing to the credit of the Institutions Fund at the end of any year shall be carried to the credit of that fund for the succeeding year.

Special
Arrange-
ments
Fund

44.—(1.) Where the Committee are of opinion upon such evidence as they think sufficient that the arrangements made by any person making his own arrangements are satisfactory, that is to say, such as to secure treatment (including drugs and appliances) not inferior in nature, quality or extent to that provided under the arrangements made by the Committee and to comply in other respects with any conditions which by reason of any scheme for the distribution of a Parliamentary grant must be complied with in the case of treatment provided otherwise, a contribution shall be made towards the cost of that treatment in the manner hereinafter in this Regulation provided, and where the Committee are of opinion that the arrangements so made are not satisfactory or, upon any representation by a Society, that the treatment is not such as will adequately protect the funds of the Society, they shall either withhold the contribution or may make such a deduction therefrom as they may in any case determine.

(2.) Subject as aforesaid, there shall be paid out of the Special Arrangements Fund to every person making his own arrangements, by way of contribution to the cost of his treatment and of drugs and appliances, amounts calculated as follows, namely:

- (a) unless the Commissioners otherwise permit, not more than thirteen-seventeenths of the Special Arrangements Fund shall be available for the purpose of defraying the cost of treatment, and not more than four-seventeenths for the purpose of defraying the cost of drugs and appliances;
- (b) in the case of a person who has contracted for a fixed sum to obtain treatment for the year, or any part thereof, the sum so to be paid shall be a sum equal to the amount contracted to be paid by him or a sum equal to the aggregate amount in the Special Arrangements Fund available for defraying the cost of treatment for that year or that part of the year divided by the number of persons making their own arrangements, whichever is the less, and the necessary amount shall be appropriated from the Special Arrangements Fund for that purpose: Provided that, where the person who has so contracted to obtain treatment removes from the area within which that treatment is available during the period for which he has contracted to obtain treatment, the calculation shall be made as though the period for which he had so contracted were a period determining on the expiration of the quarter in which he removes, and the sum payable to him shall be reduced accordingly.
- (c) in the case of a person who has contracted for a fixed sum to obtain treatment for a part of the year, so far as respects the remainder of the year, and in the case of

any person who has not contracted for a fixed sum to obtain treatment for the year or any part thereof, the sum, if any, expended by him in obtaining treatment shall be deemed to be a sum calculated in accordance with a scale of fees fixed by the Committee, and payment shall be made accordingly, save that, where the aggregate amount expended by all such persons exceeds the amount in the Special Arrangements Fund available for defraying the cost of treatment (after deducting the amount appropriated under the last preceding paragraph), the amount contributed in the case of each such person shall be reduced proportionately;

- (d) payment shall be made in respect of the cost of drugs and appliances out of the amount available in the Special Arrangements Fund for defraying the cost of drugs and appliances, and the method of calculating the amount payable shall be similar to that prescribed for payment in respect of the cost of treatment:

Provided that it shall be a condition of any payment that the drugs and appliances supplied to any person making his own arrangements shall be supplied otherwise than by or at the profit of the practitioner who is attending him, except where the circumstances of the person are such that the practitioner would, if he were attending that person under the arrangements made by the Committee, be entitled under his agreement with the Committee to supply drugs and appliances to that person.

(3.) Any sum standing to the credit of the Special Arrangements Fund at the end of any year shall be carried forward to the credit of that fund for the succeeding year, so however that in the expenditure of the money to the credit of the Special Arrangements Fund in that year regard shall be had to whether any sum so carried forward has arisen from moneys which under this Regulation were applicable to treatment or to the provision of drugs and appliances and that the sum so carried forward shall be applicable accordingly.

PART V.

Provisions relating to Sub-Committees, &c.

45.—(1.) Every Committee shall constitute a special Sub-Committee (in these Regulations referred to as the “Medical Service Sub-Committee”) for dealing with any question arising between a person entitled to obtain treatment from a practitioner on the panel and the practitioner attending him in respect of the treatment (including the granting of certificates) rendered by the practitioner or the conduct of the insured person while receiving that treatment, and every question so arising shall stand referred to that Sub-Committee and the Committee may, if they think fit, refer to that Sub-Committee any other question arising with reference to the administration of medical benefit, or to the discharge by the practitioner of his duties under his agreement with the Committee.

Medical
Service
Sub-Com-
mittee.

(2.) The Medical Service Sub-Committee shall be constituted in the following manner:—

- (i.) Three persons, and, if the Committee with the consent of the Commissioners so determine, not more than two additional persons shall be appointed to be members of the Medical Service Sub-Committee by and from the members of the Committee who represent insured persons, one person by the Local Medical Committee, and such number of persons by the Panel Committee as will, together with the person appointed by the Local Medical Committee, equal the number appointed by the persons representing insured persons:

Provided that, unless the person appointed by the Local Medical Committee or one of the persons appointed by the Panel Committee is a woman, at least one of the persons appointed by the members of the Committee who represent insured persons shall be a woman, but the woman so appointed may be a person who is or is not a member of the Committee;

- (ii.) a Chairman shall be selected from those members of the Committee, appointed respectively by the Council of the County and by the Commissioners, who are neither insured persons, practitioners nor registered pharmacists (in this Part of these Regulations referred to as the “neutral members of the Committee”) and the selection shall be made by the persons appointed to be members of the Sub-Committee, or in default of selection being made by those persons, by the neutral members of the Committee.

(3.) If in the opinion of the Chairman any member of the Medical Service Sub-Committee is interested, or, in the case of a practitioner is partner or assistant to a practitioner interested, in a question referred to them, that member shall take no part in the hearing thereof, but another person, having the same qualification, if any, as the member who has withdrawn shall be appointed for the purpose of that hearing by the remaining members who represent practitioners or the remaining members who represent insured persons, as the case may be, and the Chairman.

(4.) The Committee may, if they think fit, provide for the appointment of a Vice-Chairman of the Medical Service Sub-Committee, who shall be selected from amongst the neutral members of the Committee by the same persons and in the same manner as the Chairman, and a Vice-Chairman so appointed shall in the absence of the Chairman exercise and perform the powers and duties of the Chairman, and shall be entitled to be present at a meeting of the Medical Service Sub-Committee at which the Chairman is present, but not to vote at or take any other part in the proceedings of that meeting.

(5.) The Committee may, with the consent of the Commissioners, appoint two or more Medical Service Sub-Committees.

(6.) Where any question which under these Regulations is to stand referred to the Medical Service Sub-Committee arises, the person desiring to have the question considered shall state in

writing the substance of the matter, and shall forward the statement to the Clerk of the Committee.

(7.) The proceedings at the hearing before the Medical Service Sub-Committee shall be private, and no person shall be admitted to those proceedings except—

- (a) the person raising the question and the person with respect to whom the question arises;
- (b) the secretary or other officer of the Society, if any, to which the insured person belongs;
- (c) the secretary or other officer of the Panel Committee;
- (d) such other person, not being counsel or a solicitor or other paid advocate, as the Medical Service Sub-Committee may upon the application of either party admit by reason of the fact that his attendance is required for the purposes of the proceedings or to assist either party in the presentation of his case; and
- (e) such officers and servants of the Committee as they may appoint for the purpose.

(8.) The quorum of the Medical Service Sub-Committee, their term of office and the procedure with regard to the hearing of the question, the nature of the evidence admitted and otherwise shall, subject to the approval of the Commissioners, be determined by the Committee.

(9.) The Medical Service Sub-Committee shall draw up a report stating such relevant facts as appear to them to be established by the evidence placed before them, together with a recommendation as to the action, if any, which should be taken, and shall present the report to the Committee, and the Committee shall accept as conclusive any finding of fact contained in the report.

(10.) Where the question at issue relates to the conduct of an insured person and the allegation made is in the opinion of the Committee substantiated, the Committee may, if the practitioner so desires, make arrangements for the transfer of the insured person to the list of another practitioner and may deal with him under the rules of the Committee relating to fines and to suspension of medical benefit.

(11.) Where the question at issue relates to the treatment given by a practitioner and the allegation made is in the opinion of the Committee substantiated, the Committee may, if the insured person so desires, make arrangements for his transfer to the list of another practitioner, and may deal with the matter in accordance with any provisions in that behalf contained in their agreement with the practitioner, and if the Committee are satisfied either

- (a) that owing to the number of the persons included in his list the practitioner is unable to give adequate treatment to all those persons; or
- (b) that his conduct has been such as to afford to insured persons on his list adequate grounds for desiring to be removed therefrom,

they may decide that they will, on the application of any insured person included in the list of the practitioner, make arrangements without further inquiry for the transfer of that person to the list of another practitioner.

(12.) Where the Committee are of opinion that the continuance on the panel of a practitioner will be prejudicial to the efficiency of the service of insured persons, they may make representations to that effect to the Commissioners.

(13.) Where under the provisions of their agreement with a practitioner on the panel the Committee have recovered from him any expenses reasonably and necessarily incurred by an insured person entitled to obtain treatment from him owing to a breach on the part of the practitioner of that agreement, the Committee shall repay to the insured person the expenses so incurred.

(14.) Where in the course of any investigation it appears to the Medical Service Sub-Committee that a question arises as to whether an operation or other service is of a kind which can consistently with the best interests of the patient be properly undertaken by a general practitioner of ordinary competence and skill, the Medical Service Sub-Committee shall refer the question to the Local Medical Committee and the question shall be decided in the manner in this Part of these Regulations provided, and the decision shall be binding on the Medical Service Sub-Committee.

(15.) Where a question is raised by a Society as to the action of a practitioner on the panel with regard to any certificate which under his agreement with the Committee he is required to furnish to a member of that Society, the question shall stand referred to the Medical Service Sub-Committee, as if it were a question arising between the member and the practitioner, and the Society shall be entitled to appear before the Sub-Committee by its secretary or other officer.

(16.) The Committee shall inform the practitioner, in respect of whom a question has arisen, of any decision made by them, and he shall be entitled to appeal from that decision to the Commissioners, within fourteen days, after receiving notice of the decision.

46.—(1.) Every Committee shall constitute a special Sub-Committee (in these Regulations referred to as the Pharmaceutical Service Sub-Committee) for dealing with any complaint made by a person entitled to obtain treatment from a practitioner on the panel against a person supplying drugs or appliances in respect of the quality of any drugs or appliances supplied, or in respect of any failure to supply drugs or appliances within a reasonable space of time, and every complaint so made shall stand referred to that Sub-Committee.

(2.) The Pharmaceutical Service Sub-Committee shall be constituted in the following manner:—

- (i.) Three persons shall be appointed by and from the members of the Committee who represent insured persons;
- (ii.) Three registered pharmacists shall be appointed by the Pharmaceutical Committee;
- (iii.) A Chairman shall be selected from the neutral members of the Committee, and the selection shall be made by the persons appointed to be members of the Pharmaceutical Service Sub-Committee, or in default of selection being made by those persons, by the neutral members of the Committee:

Provided that, unless one of the persons appointed by the Pharmaceutical Committee is a woman, at least one of the persons

appointed by the members of the Committee who represent insured persons shall be a woman, but the woman so appointed may be a person who is or is not a member of the Committee.

(3.) If, in the opinion of the Chairman, any member of the Pharmaceutical Service Sub-Committee is interested, or, in the case of a person supplying drugs or appliances, is partner or assistant to a person interested, in a complaint referred to them, that member shall take no part in the hearing thereof, but another person, having the same qualification as the member who has withdrawn, shall be appointed for the purpose of that hearing by the remaining members who are registered pharmacists, or the remaining members who represent insured persons, as the case may be, and the Chairman.

(4.) The Committee may, with the consent of the Commissioners, appoint two or more Pharmaceutical Service Sub-Committees.

(5.) The provisions of these Regulations relating to the appointment and duties of a Vice-Chairman of the Medical Service Sub-Committee, the persons entitled to be admitted to their proceedings, and the duties of that Sub-Committee with respect to hearing and reporting on a complaint, shall apply to the Pharmaceutical Service Sub-Committee, with the substitution of the words "Pharmaceutical Service Sub-Committee" for "Medical Service Sub-Committee" and "Pharmaceutical Committee" for "Panel Committee," and subject thereto the quorum of the Pharmaceutical Service Sub-Committee, their term of office and the procedure with regard to the hearing of a complaint, the nature of the evidence admitted and otherwise shall, subject to the approval of the Commissioners, be determined by the Committee.

(6.) Where the allegation made against a person supplying drugs or appliances is in the opinion of the Committee substantiated, the Committee may deal with the matter in accordance with any provisions in that behalf contained in their agreement with the person supplying drugs or appliances, and, if in their opinion the continuance of that person on the list will be prejudicial to the efficiency of the service of insured persons, may make representations to that effect to the Commissioners.

(7.) Where under the provisions of their agreement with a person supplying drugs or appliances the Committee have recovered from him any expenses reasonably and necessarily incurred by an insured person owing to a breach on the part of the person supplying drugs or appliances of that agreement, they shall repay to the insured person the expenses so incurred.

(8.) The Committee shall inform the person supplying drugs or appliances, in respect of whom a complaint has been made, of any decision made by them, and he shall be entitled to appeal from that decision to the Commissioners within fourteen days after receiving notice of the decision.

47.—(1.) Every Committee shall constitute a special Sub-Committee (in these Regulations referred to as the "Joint Services Sub-Committee") in the following manner:—

Joint Ser
vices Sub
Committe

(i.) The Medical Service Sub-Committee shall appoint from amongst its members two practitioners.

(ii.) The Pharmaceutical Service Sub-Committee shall appoint from amongst its members two registered pharmacists.

(iii.) Two persons shall be appointed by and from the members of the Committee who represent insured persons:

Provided that, unless any of the persons appointed by the Medical Service Sub-Committee or the Pharmaceutical Service Sub-Committee is a woman, at least one of the persons appointed by the members of the Committee who represent insured persons shall be a woman, but the woman so appointed may be a person who is or is not a member of the Committee.

(iv.) A Chairman shall be selected from the neutral members of the Committee, and the selection shall be made by the persons appointed to be members of the Joint Services Sub-Committee, or in default of selection being made by those persons, by the neutral members of the Committee.

(2) If in the opinion of the Chairman, any member of the Joint Services Sub-Committee is interested, or, in the case of a practitioner or person supplying drugs or appliances, is partner or assistant to a person interested, in a question referred to them, that member shall take no part in the hearing thereof, but another person having the same qualification as the member who has withdrawn shall be appointed for the purpose of that hearing by the remaining members of the class of members to which the member who has withdrawn belongs, and the Chairman.

(3.) Where in the opinion of the Medical Service Sub-Committee any matter referred to that Sub-Committee involves a question relating to a person supplying drugs or appliances, or where in the opinion of the Pharmaceutical Service Sub-Committee any matter referred to that Sub-Committee involves a question relating to a practitioner on the panel, the Sub-Committee shall in lieu of dealing with the matter themselves, refer it to the Joint Services Sub-Committee.

(4.) The provisions of these Regulations relating to the appointment and duties of a Vice-Chairman of the Medical Service Sub-Committee, the persons entitled to be admitted to their proceedings, and the duties of that Sub-Committee with respect to hearing and reporting on a question shall apply to the Joint Services Sub-Committee, with the substitution of the words "Joint Services Sub-Committee" for "Medical Service Sub-Committee," save that the Secretaries or other officers of the Panel Committee and of the Pharmaceutical Committee shall be entitled to be admitted, and subject thereto the quorum of the Joint Services Sub-Committee, their term of office and the procedure with regard to the hearing of a question, the nature of the evidence admitted and otherwise shall, subject to the approval of the Commissioners, be determined by the Committee.

(5.) The Committee shall be entitled to take action on a report made by the Joint Services Sub-Committee in respect of a practitioner on the panel, a person supplying drugs or appliances, or an

insured person in the same manner as on a report made by the Medical Service Sub-Committee or Pharmaceutical Service Sub-Committee and shall inform the practitioner or person supplying drugs or appliances of any decision made by them, and he shall be entitled to appeal from that decision to the Commissioners within fourteen days after receiving notice of the decision.

48. It shall be the duty of the Local Medical Committee to consider any complaint made by a practitioner on the panel against any other practitioner on the panel involving any question of the efficiency of the medical service of insured persons, and the Local Medical Committee may apply to the Commissioners to remove the name of the practitioner against whom complaint is made from the panel.

Duty of Local Medical Committee to consider complaints.

49. It shall be the duty of the Pharmaceutical Committee to consider any complaint made by a person supplying drugs or appliances against any other person supplying drugs or appliances, involving any question of the efficiency of the service of drugs or appliances to insured persons, and the Pharmaceutical Committee may apply to the Commissioners to remove the name of the person against whom complaint is made from the list of persons supplying drugs or appliances.

Duty of Pharmaceutical Committee to consider complaints.

50.—(1.) If the Committee are of opinion that a question has arisen or may arise as to whether an operation or other service is of a kind which can consistently with the best interests of the patient be properly undertaken by a general practitioner of ordinary professional competence and skill, that question shall be referred to the Local Medical Committee, and, if the Local Medical Committee and the Committee fail to come to an agreement, the matter shall be submitted for decision to Referees appointed under these Regulations in such summary manner as, subject to any rules made by the Commissioners in that behalf, may be directed by the Commissioners; and the decision of those Referees, given after hearing such parties and taking such evidence, if any, as they think just, shall be final, and the Referees in giving any such decision shall state whether in arriving at their decision they have had regard to any custom or practice of the medical profession which is peculiar to the area in which the question arose.

Decision as to range of medical service.

(2.) For the purpose of giving effect to these Regulations the Commissioners shall, upon any such question arising, nominate as Referees two practitioners (who shall be selected from any panel of practitioners set up by the Joint Committee for the purpose, or, if no such panel exists, from among practitioners in actual practice in Great Britain) and one barrister-at-law or solicitor in actual practice.

(3.) The Referees may decide any question coming before them by a majority, but, subject as aforesaid, their procedure shall be such as they may from time to time determine.

(4.) If on any question referred to the Local Medical Committee under this Regulation the Committee and the Local Medical Committee are agreed, the Committee shall report the matter to the Commissioners and the Commissioners may, if they think fit, refer the question for decision to Referees in the manner pro-

vided in this Regulation, and the foregoing provisions of this Regulation shall apply accordingly.

Procedure
on appeal to
Com-
missioners.

51. Where under the provisions of these Regulations or of any agreement made between the Committee and a practitioner on the panel or person supplying drugs or appliances any question arising between the Committee and the practitioner or person supplying drugs or appliances or his legal personal representative is referred, or any appeal from a decision of the Committee is made, to the Commissioners, the Commissioners shall determine such question or appeal in such manner as they think fit, and, if in the opinion of the Commissioners a hearing is required, they may authorise any two or more of the Commissioners to hear and determine such question or appeal, and any decision of the Commissioners or any of them made under this Regulation shall be final and conclusive.

PART VI.

Inquiries relating to Practitioners.

Interpre-
tation.

52.—(1.) In this Part of these Regulations, unless the context otherwise requires, the following expressions have the respective meanings hereby assigned to them:—

“Representation” means a representation made to the Commissioners that the continuance of a practitioner upon the panel is prejudicial to the efficiency of the medical service of the insured:

“Complainant” means any person or body making a representation to the Commissioners under this Part of these Regulations:

“Inquiry” means an inquiry held in accordance with the provisions of this Part of these Regulations, and

“Inquiry Committee” means the committee constituted under this Part of these Regulations for the purpose of holding an inquiry:

“Appointed day” means the day appointed for the holding of an Inquiry.

(2.) The forms set out in the Sixth Schedule to these Regulations or other forms substantially to the like effect shall be used in all cases to which those forms are applicable.

Inquiry where a representation is made to the Commissioners.

53. If any representation is made to the Commissioners by any Committee, Local Medical Committee or Panel Committee, the Commissioners shall, and if by any other person or body, the Commissioners may, subject as hereinafter provided, hold an inquiry in the manner prescribed by this Part of these Regulations.

Power to
hold inquiry.

54.—(1.) A representation shall be in writing signed by or on behalf of the complainant.

(2.) The Commissioners may, if they think fit, require the complainant to send to them a preliminary statement setting out the alleged facts and grounds on which the representation is based, and, where a fact is not within the personal knowledge of the complainant, the source of the information and grounds for

Representa-
tion and
preliminary
statement.

the belief of the complainant in its truth, together with such further particulars as they may think necessary, and may require the preliminary statement to be verified by statutory declaration.

55. If it appears to the Commissioners, after due consideration of any representation or of any preliminary statement furnished to them by the complainant, not being a Committee, Local Medical Committee or Panel Committee, that no good cause has been shown why an inquiry should be held, they may refuse to hold an inquiry, and shall inform the complainant accordingly. Power to refuse inquiry.

56.—(1.) The Commissioners shall, in all cases where an inquiry is to be held, send the following notices, namely:— Notices to be sent in case of inquiry.

(a) A notice to the practitioner informing him that it is proposed to hold an inquiry as to the representation made by the complainant; and Form 1.

(b) A notice to the complainant informing him that it is proposed to hold an inquiry as to the representation made by him, and requiring him, within a time specified in the notice, to send to the Commissioners a concise statement of the alleged facts and grounds on which the representation is based (in this Part of these Regulations hereinafter referred to as “the statement of complaint”), together with a list of all the documents which he proposes to put in evidence: Form 2.

Provided that where the complainant has sent a preliminary statement to the Commissioners, the Commissioners may, if they think fit, dispense with a statement of complaint, and in that case the preliminary statement shall, for the purposes of the inquiry, be treated as the statement of complaint.

(2.) The Commissioners may, if they think fit, on the application of the complainant or some person authorised by him, extend the time for sending to them the statement of complaint. Form 3.

57. The Commissioners shall send to the practitioner a copy of the statement of complaint and of the list of documents which the complainant proposes to put in evidence, together with a notice informing him that he may, if he so desires, within a time specified in the notice, by a statement in writing addressed to the Commissioners, admit or dispute the truth of all or any of the allegations appearing in the statement of complaint. Practitioner may admit or deny allegations.
Form 5.

58.—(1.) The practitioner may on giving due notice to the complainant inspect, either personally or by an agent authorised in writing, the documents included in the list sent by the complainant to the Commissioners, and the complainant shall give reasonable facilities for the purpose. Right of practitioner to inspect documents.

(2.) The practitioner shall be entitled, on making application to the Commissioners, to a copy of any document in that list, and the Commissioners may, for the purpose of supplying to the practitioner copies of any such documents, require the complainant to deposit with them, or with one of their officers appointed for the purpose, any of the documents for copies of which application has been made, and shall return the documents to the complainant as soon as may be.

Power to
treat repre-
sentation as
withdrawn
in certain
cases.

59. If the complainant fails, within the time specified in the notice, or within any extended period, to send a statement of complaint to the Commissioners, or if he fails to comply with any other requirements of this Part of these Regulations, the Commissioners may treat the representation as having been withdrawn.

Constitution
of Inquiry
Committee.

60.—(1.) For the purpose of each inquiry the Commissioners shall constitute an Inquiry Committee composed of a barrister-at-law or solicitor in actual practice and two practitioners, and if any body of practitioners has been established for the purpose by the Joint Committee the two practitioners so appointed shall be selected from that body.

(2.) The Commissioners shall appoint one of the members of the Inquiry Committee to be Chairman.

(3.) The Commissioners shall appoint a fit person to act as clerk to the Inquiry Committee.

Notice of
Inquiry to
be given.

Form 6.

61.—(1.) The Commissioners shall appoint a day for the holding of the Inquiry, and shall, not less than seven days before the appointed day, send notices to the complainant and the practitioner informing them that the Inquiry will be held on the appointed day.

Form 7.

(2.) The Commissioners shall send to each Committee (other than a Committee which is the complainant) on whose list of practitioners undertaking the treatment of insured persons the name of the practitioner appears, notice of the proposed Inquiry, and of the date, time and place on and at which it is proposed to hold the Inquiry, and each such Committee may appear and may take such part in the proceedings at the Inquiry as the Inquiry Committee shall think proper.

Power to
postpone
Inquiry.

62. The Commissioners may, if they think fit, or on the application of either party, postpone the holding of the Inquiry until such date later than the appointed day as they may determine, and thereupon that later day shall for the purposes of this Part of these Regulations be the appointed day.

Appearance
by repre-
sentatives.

63.—(1.) Any Committee, Local Medical Committee, Panel Committee or other body, whether corporate or unincorporate, entitled to appear at the Inquiry, may appear by their Clerk or other officer duly authorised for the purpose, or, with the consent of the Chairman of the Inquiry Committee, by counsel or solicitor.

(2.) The complainant, not being one of the bodies above-mentioned, and the practitioner may, with the consent of the Chairman of the Inquiry Committee, appear at the Inquiry—

(a) by any member of his family;

(b) by counsel or solicitor;

(c) by any officer or member of any society or other body of persons of which the person in question is a member or with which he is connected.

Form 8.

(3.) If either party to an Inquiry, or Committee to whom notice of the Inquiry has been given, desires to appear at the Inquiry by a representative, and the consent of the Chairman of the Inquiry Committee is required, the party or Committee shall send an application for leave so to appear to the Clerk to the Inquiry Committee not less than five days before the appointed day, and the

Clerk shall inform the Chairman who shall, as soon as may be, notify the applicant and such other parties as appear to him to be interested of his decision in the matter, without prejudice to his power at any time during the hearing to consent to any such application and to adjourn the Inquiry for that purpose.

64.—(1.) The complainant may at any time before the appointed day withdraw the representation by giving notice of withdrawal in writing to the Commissioners.

Withdrawal
of repre-
sentation.

Form 9.

(2) Where the representation has been withdrawn or is treated by the Commissioners as having been withdrawn, the Commissioners shall (without prejudice to their power to hold an Inquiry as hereinafter provided) forthwith inform the practitioner that the representation has been withdrawn or is treated as having been withdrawn, as the case may be.

65. The Commissioners at any time before the appointed day, and the Inquiry Committee at any time on or after the appointed day before the conclusion of the Inquiry, may allow the statement of complaint to be amended upon such conditions as they may think just, and may in any case where they think fit, require the complainant to furnish to them in writing further particulars of the alleged facts and grounds appearing in the statement of complaint.

Amendment
of statement
of complain

66. Unless the Inquiry Committee, with the approval of the Commissioners, otherwise determine, the procedure at the Inquiry shall be governed by the rules set out in the Seventh Schedule to these Regulations.

Procedure at
Inquiry.

Inquiry where no representation is made to Commissioners.

67. In any case where it appears to the Commissioners desirable to hold an Inquiry for the purpose of ascertaining whether the continuance of a practitioner on any panel would be prejudicial to the efficiency of the medical service of the insured, the Commissioners may, notwithstanding either that—

Power to
hold Inquiry
in absence of
representa-
tion.

(i) no representation to that effect has been made to them, or that—

(ii) if such representation has been made, it has been withdrawn or has been treated as withdrawn,

proceed to hold an Inquiry for that purpose, and the foregoing Regulations shall, with the necessary modifications and subject as hereinafter provided, apply accordingly.

68. The Commissioners shall send to the practitioner a statement of the facts and grounds which appear to them to justify the holding of an Inquiry (in this Part of these Regulations referred to as the “case for inquiry”), together with a notice informing him that he may if he so desires within a time specified in the notice, by a statement in writing addressed to the Commissioners, admit or dispute the truth of all or any of the allegations appearing in the case for inquiry.

Notice to be
sent to prac-
titioner.

Form 10.

69. If after considering the statement of the practitioner, or, if no statement is received, after such lapse of time as

Commissioners may think reasonable, the Commissioners are of opinion that it is desirable to hold an Inquiry, they shall constitute an Inquiry Committee in the manner hereinbefore provided and shall appoint a day for the holding of the Inquiry and shall send—

Form 11. (a) to the practitioner, a notice informing him that the Inquiry will be held on the appointed day, and

Form 12. (b) to each Committee on whose list of practitioners undertaking the treatment of insured persons the name of the practitioner appears, a notice of the proposed Inquiry stating the date, time, or place on or at which it is proposed to hold the Inquiry,

and each such Committee may appear and may take such part in the proceedings at the Inquiry as the Inquiry Committee shall think proper.

Procedure
at Inquiry.

70. The Commissioners shall appoint some fit person to appear at the Inquiry in support of the allegations in the case for inquiry, and subject thereto, the procedure at the Inquiry shall be governed as nearly as may be by the rules set out in the Seventh Schedule to these Regulations, but those rules may be varied or modified as the circumstances of the case may require and as the Commissioners, or the Inquiry Committee with the approval of the Commissioners, may think fit.

Report by the Inquiry Committee.

Report by
Inquiry
Committee.

71. At the conclusion of the Inquiry, the Inquiry Committee shall, as soon as may be, draw up a report stating such relevant facts as appear to them to be established by the evidence and the inferences of fact which, in the opinion of the Inquiry Committee, may properly be drawn from the facts so established, and the Commissioners, after taking such report into consideration, shall give their decision in due course and may cause it to be published in such manner as they shall think fit.

Miscellaneous.

Power to
suspend
proceedings
in certain
cases.

72. Where it appears to the Commissioners that the alleged facts on which any representation or case for inquiry is based are, or may be, the subject of investigation by any other tribunal, they may, if they think fit, direct that no further steps shall be taken under these Regulations pending the issue of such other investigation.

Service of
notices, etc.

73.—(1.) Where any notice or other document is required or authorised by these Regulations to be sent by or on behalf of the Commissioners, it shall be a sufficient compliance with the Regulations if the notice or other document is sent by post in a registered letter directed to the person for whom it is intended, at his ordinary address, or, if he is a practitioner, at the address set opposite his name in the Medical Register, and in the case of an Approved Society, branch of an Approved Society, Committee, Local Medical Committee or Panel Committee, to the Secretary

of the Society or branch, or to the Clerk or Secretary of the Committee, Local Medical Committee or Panel Committee, as the case may be.

(2.) Where any application, statement or other document is required or authorised by this Part of these Regulations to be sent to the Commissioners or to an Inquiry Committee or to the Chairman of an Inquiry Committee, it shall be a sufficient compliance with these Regulations if the application, statement or other document is sent if sent by post directed to the Secretary to the Commissioners or to the Clerk to the Inquiry Committee at the Office of the Commissioners, as the case may require, and where leave to appear by a solicitor has been granted to any party to an Inquiry, it shall be sufficient compliance with these Regulations if the notice or other document is sent in the manner aforesaid to the solicitor at his professional address.

(3.) Until the contrary is proved, any notice, application, statement, or other document sent as aforesaid shall be deemed to be served at the time at which a letter would be delivered in the ordinary course of post.

74. The Commissioners or the Inquiry Committee may dispense with any requirement of this Part of these Regulations respecting notices, applications, documents or otherwise in any case where it appears to the Commissioners or the Inquiry Committee just and proper to do so.

Power to dispense with requirements as to notices.

PART VII.

Inquiries relating to Persons supplying drugs or appliances.

75.—(1.) For the purpose of holding an inquiry as to whether the inclusion or continuance of a person supplying drugs or appliances in the list of persons supplying drugs or appliances to insured persons is or would be prejudicial to the efficiency of the service, the Commissioners shall constitute an Inquiry Committee composed of a barrister-at-law or solicitor in actual practice and two other persons, who, if any body has been established for the purpose by the Joint Committee, shall be selected from that body.

Constitution of Inquiry Committee.

(2) The Commissioners shall appoint one of the members of the Inquiry Committee to be Chairman.

(3) The Commissioners shall appoint a fit person to act as clerk to the Inquiry Committee.

76. Subject as aforesaid, the provisions of Part VI. of, and the Seventh Schedule to, these Regulations with respect to the power and duty of the Commissioners to institute an inquiry, the procedure to be adopted in connection with an inquiry, the report of the Inquiry Committee, and otherwise shall, with the substitution of the words "Pharmaceutical Committee" for "Local Medical Committee" and such other modifications as may be necessary, apply to inquiries held under this Part of these Regulations, and the forms set out in the Sixth Schedule to these Regulations, with the necessary modifications, or other forms substantially to the like effect, shall be used for the purposes of inquiries under this Part of these Regulations in all cases to which those forms are applicable.

Application of Part VI. of Regulations.

PART VIII.

Miscellaneous.

fileage.

77. The Committee may, if they think fit, make arrangements for a payment to practitioners on the panel in respect of mileage, that is to say, their obligation to attend insured persons resident beyond such distance from the place of residence of the practitioner, as the Committee having regard to the special difficulties of access to the place of residence of the insured person may in any case agree with the practitioner.

ersons
requently
moving.

78.—(1.) An insured person who by reason of his employment or occupation is frequently changing or intends frequently to change his place of residence may make application to the Committee in whose Register his name is included, on a form to be provided by the Committee for the purpose, to be allowed to obtain his medical benefit as though he were a temporary resident in each place in which he resides, and if the Committee consent to his application they shall inform the Commissioners of the application and of their consent thereto.

(2.) The Commissioners shall thereupon furnish the applicant with a voucher and his name shall be removed from the Register and lists of the Committee, and he shall be entitled for a period not exceeding six months to obtain medical benefit as though he were a temporary resident, and for the purposes of these Regulations and of the agreements made by the Committee with practitioners on the panel and persons supplying drugs or appliances, he shall be deemed to be a temporary resident.

(3.) Notwithstanding anything contained in these Regulations, no part of the sum available for the medical benefit of such person shall be credited to the Medical Benefit Fund Account of any Committee in respect of him, but the sum available shall be carried to the credit of the Central Medical Benefit Fund, and the provisions of Part IV. of these Regulations relating to the method of defraying the cost of the medical benefit of temporary residents shall apply in all respects as though he were in each place a temporary resident.

Old and
disabled
members
of Societies.

79.—(1.) Any person who was on the 16th day of December, 1911, and still is, a member of any friendly society, which or a separate section of which has become an Approved Society, and who is not entitled to medical benefit under the Act by reason either that he was on the 15th July, 1912, of the age of 65 or upwards, or that being subject to permanent disablement at that date he is not qualified to become an insured person, or the secretary or other officer of the society of which he is a member on his behalf, may give notice to the Committee that the member desires to obtain treatment under arrangements made by the Committee and that the society undertakes to pay in respect of the treatment of the member the sum prescribed in this Regulation, and where the notice is given personally it shall be countersigned by the secretary or other officer.

(2.) The Committee shall furnish to each such member such voucher or other document as may be approved by the Commissioners, and it shall be a condition of every agreement between the Committee and a practitioner on the panel that he shall attend and treat any person presenting such voucher or other document at a rate of remuneration not exceeding the amount which would be available for the treatment (not including drugs and appliances) of that member if he were an insured person: Provided that, so far as practicable, the Committee shall not require a practitioner to attend and treat a number of such members greater than a number bearing the same proportion to the insured persons on his list as the total number of such members obtaining treatment under arrangements made by the Committee bears to the total number of persons included in the lists of practitioners on the panel.

(3.) The provisions of this Regulation shall apply to any person who was on the 16th day of December, 1911, and still is a member of a society (other than a friendly society) which or a separate section of which has become an Approved Society, if he was at the date aforesaid entitled, as such member, to medical attendance and treatment.

80. All forms and vouchers to be provided under these Regulations by the Committee shall be submitted for the approval of the Commissioners, and the Committee shall not make use of any such form or voucher until the same has been approved.

81. The Committee shall, after consultation with the Local Medical Committee and Panel Committee, prepare rules with regard to the administration of medical benefit in accordance with Section 14 of the principal Act, and shall submit them for the approval of the Commissioners.

Preparation
of Rules.

82. The Committee shall submit for the approval of the Commissioners all arrangements proposed to be made by the Committee for the administration of medical benefit, and before approving any arrangements submitted to them the Commissioners shall consider any representations made to them by the Local Medical Committee, the Panel Committee or the Pharmaceutical Committee and, subject to any alterations made in pursuance of the requirements of the Commissioners, any arrangements so made by the Committee and approved by the Commissioners shall have effect for such period as may be specified in the approval.

Approval of
arrange-
ments by
the Com-
missioners.

83. Notwithstanding anything contained in these Regulations, or any arrangements made thereunder, the Commissioners may, subject to the provisions of the principal and amending Acts, authorise the Committee to make provisional arrangements in lieu of arrangements made under these Regulations or to extend the operation of any provisional arrangements already made for such period as the Commissioners think fit, and where any such provisional arrangements are made or extended the provisions of these Regulations shall have effect subject to such modifications as the Commissioners may approve.

Provisional
arrange-
ments.

84. These Regulations shall only apply to members of the Seamen's National Insurance Society where that Society has agreed with a Committee for the administration by the Committee of medical benefit to individual members of the Society.

Seamen's
National
Insurance
Society.

Regulations
subject to
powers
reserved to
Commis-
sioners.

Revocation
of previous
regulations.

Date of com-
mencement
of Regula-
tions.

85. These Regulations shall have effect subject to the exercise by the Commissioners of the powers conferred on them by the proviso to sub-section (2) of Section 15 of the principal Act or proviso (i) to sub-section (5) of that Section or by Section 11 of the Amending Act.

86. The National Health Insurance (Administration of Medical Benefit) Regulations, 1912 and 1913, the National Health Insurance (Medical Practitioners: Inquiry Procedure) Regulations, 1913, Part IV. of the National Health Insurance (Panel and Pharmaceutical Committees) Regulations, 1913, so far as they apply to England, are hereby revoked.

87. These Regulations shall come into operation on the 12th day of January, 1914.

Given under the Seal of Office of the National Health Insurance Joint Committee this day of , in the year one thousand nine hundred and thirteen.

Clerk to the National Health Insurance
Joint Committee.

Given under the Seal of Office of the aforesaid Insurance Commissioners this day of , in the year one thousand nine hundred and thirteen.

Secretary to the Insurance Commissioners.

FIRST SCHEDULE.

CONDITIONS OF SERVICE FOR PRACTITIONERS.

1. The National Insurance Acts, 1911 to 1913, and these Regulations or other Regulations for the administration of medical benefit in force for the time being in the County are incorporated in and form part of the agreement.

2.—(i) The practitioner shall give to all persons who are for the time being entitled to obtain treatment from him such treatment as is of a kind which can consistently with the best interests of the patient be properly undertaken by a general practitioner of ordinary professional competence and skill: Provided that the practitioner shall not, by virtue of the agreement, be required to give, nor entitled under the agreement to make any charge for treatment to any person in respect of a confinement (that is to say, labour resulting in the issue of a living child or labour after twenty-eight weeks of pregnancy resulting in the issue of a child whether alive or dead), *[nor to any person suffering from tuberculosis or any other disease the treatment of which may hereafter be included in sanatorium benefit, in so far as that person has been recommended for and is entitled to obtain that treatment as part of his sanatorium benefit].*

(ii) The practitioner shall not accept any fee or other remuneration in respect of treatment which he is required to give under the agreement, except as provided in the agreement.

3. Where the condition of the patient is such as to require services beyond the competence of an ordinary practitioner the practitioner shall advise the patient as to the steps which should be taken in order to obtain such treatment as his condition may require.

4.—(i) The practitioner shall visit at the place of residence of the patient any patient whose condition so requires.

(ii) Where a patient is at any place other than his place of residence the practitioner shall visit him if his condition so requires, provided that he is within a distance of _____ miles by road from the residence of the practitioner.

(iii) For the purposes of this clause the place of residence of the patient means the place where he resided at the date on which he was accepted by or assigned to the practitioner.

5.—(i) The practitioner shall attend and treat at the places specified for the purpose, and on such days and at such hours as are so specified, any patient who attends there for that purpose.

(ii) The practitioner may with the consent of the Committee, which shall not be unreasonably withheld, alter the places, days and hours of his attendance, or any of them, and shall in that event take such steps as the Committee may consider necessary to bring the alteration to the notice of the persons entitled to obtain treatment from him.

6. The practitioner shall order on the form provided by the Committee for the purpose such drugs and prescribed appliances as are requisite for the treatment of any patient other than those which the practitioner may be under arrangement himself to supply, and if the practitioner orders any drug not included in the list from time to time provided to him by the Committee, or orders any drug or appliance for a patient who is a temporary resident, he shall distinguish the order so given in such manner as the Committee may require.

* The words in square brackets are to be omitted in any agreement entered into with a practitioner, if by that agreement the practitioner undertakes to give, in addition to medical treatment under these regulations, domiciliary treatment to persons recommended for sanatorium benefit.

[Note.—These particulars will be contained in a Schedule to the agreement.]

7. All treatment shall be given by the practitioner personally, except where he is prevented from so doing by urgency of other professional duties, temporary absence from home, or other reasonable cause, and the practitioner will to the best of his ability provide that when he is so precluded from personal attendance some other practitioner will give attendance as his deputy on his behalf: Provided that where treatment is given by a deputy the deputy shall be entitled to treat patients at places other than those specified in the agreement, due regard being had to the convenience of the patients.

8. The practitioner shall keep such records of the diseases of his patients and of his treatment of them as may be required as conditions of the payment of any Parliamentary Grant, and such further records as may at any time hereafter be agreed between the Committee and the Panel Committee.

9.—(i) If, owing to any breach on the part of the practitioner of the agreement, any expenses have been reasonably and necessarily incurred by the Committee or by any patient, or the Committee are deprived of any sum which would otherwise have been payable towards the cost of providing medical benefit, the Committee shall be entitled to recover from the practitioner or his legal personal representative, either by deduction from any moneys payable under the agreement or otherwise, the amount of the expenses so incurred and of the sum of which the Committee have been so deprived.

(ii) Before taking action on any matter under the provisions of this clause, the Committee shall, unless the matter has been previously dealt with by the Medical Service Sub-Committee or the Joint Services Sub-Committee, refer it to the Medical Service Sub-Committee which shall deal with the matter in accordance with the Regulations relating to the powers and duties of that Sub-Committee:

(iii) The practitioner or his legal personal representative shall be entitled to appeal to the Commissioners from any decision of the Committee under this clause within fourteen days after receiving notice of the decision.

10. Any dispute or question (other than a question which under the provisions of these Regulations or of the last preceding clause hereof is referred to the Medical Service Sub-Committee, or is to be submitted for decision to referees appointed under these Regulations) arising between the Committee and the practitioner or his legal personal representative relating to the construction of the agreement or the rights and liabilities of the Committee or the practitioner or his legal personal representative hereunder shall be referred to the Commissioners.

11. In the event of the Commissioners exercising any of the powers conferred on them by the proviso to subsection (2) of Section 15 of the principal Act, or by proviso (i) to subsection (5) of that section, or by Section 11 of the amending Act, in respect of the area within which the practitioner is under this agreement required to give treatment, the agreement shall determine forthwith, but save as aforesaid, the agreement shall not be varied or determined otherwise than in accordance with the provisions of Part II. of these Regulations.

Any one of the following methods of remuneration or any combination of them may be adopted:—

A.

Capitation system.

The rate of a quarter in respect of each person included in the list of the practitioner at the commencement of the quarter.

B.

Capitation system plus payment for special services.

In priority, the rate of a quarter in respect of each person included in the list of the practitioner at the commencement of the quarter.
Other rates for all or any of the following services:—

£ s. d.

- (1) Special visit, i.e., visit paid by the patient's desire on the same day as a call received after a.m., or on Sunday

£ s. d.

- (2) Night visit, *i.e.*, visit paid between the hours of 8 p.m. and 8 a.m. in response to a call received between those hours
- (3) Surgical operation requiring local or general anæsthetic or treatment of abortion or miscarriage in so far as not included in maternity benefit
- (4) Setting of fracture
- (5) Reduction of dislocation
- (6) Administration of general anæsthetic for the purposes of any operation included in medical benefit
- (7) Treatment of tuberculosis in so far as the patient is not entitled to obtain such treatment as part of sanatorium benefit—
 - (a) per visit... ..
 - (b) per attendance at practitioner's residence, surgery or dispensary

C.

In priority, the rate of a quarter in respect of each person included in the list of the practitioner at the commencement of the quarter. Capitation system *plus* payment for services.

Other rates for the following services:—

£ s. d.

- (1) Visit to the patient's residence
- (2) Attendance on the patient at the practitioner's residence, surgery, or dispensary
- (3) Special visit, *i.e.*, visit paid by the patient's desire on the same day as a call received after a.m., or on Sunday
- (4) Night visit, *i.e.*, visit made between the hours of 8 p.m. and 8 a.m. in response to a call received between those hours
- (5) Surgical operation requiring local or general anæsthetic or treatment of abortion or miscarriage in so far as not included in maternity benefit
- (6) Setting of fracture
- (7) Reduction of dislocation
- (8) Administration of general anæsthetic for the purposes of any operation included in medical benefit
- (9) Treatment of tuberculosis in so far as the patient is not entitled to obtain such treatment as part of sanatorium benefit—
 - (a) per visit... ..
 - (b) per attendance at practitioner's residence, surgery or dispensary

D.

In priority, rates for all or any of the following services:—

£ s. d.

Payment for special services *plus* capitation system.

- (1) Special visit, *i.e.*, visit paid by the patient's desire on the same day as a call received after a.m., or on Sunday
- (2) Night visit, *i.e.*, visit made between the hours of 8 p.m. and 8 a.m. in response to a call received between those hours
- (3) Surgical operation requiring local or general anæsthetic or treatment of abortion or miscarriage in so far as not included in maternity benefit
- (4) Setting of fracture
- (5) Reduction of dislocation
- (6) Administration of general anæsthetic for the purposes of any operation included in medical benefit

		£	s.	d.
(7)	Treatment of tuberculosis in so far as the patient is not entitled to receive such treatment as part of sanatorium benefit—			
	(a) per visit...	...	...	...
	(b) per attendance at practitioner's residence, surgery or dispensary	...	...	...
	A further rate of		a quarter	in respect of each person included in the list of the practitioner at the commencement of the quarter.

E.

Rates for the following services:—

Payment by
attendance.

		£	s.	d.
(1)	Visit to the patient's residence	...	...	...
(2)	Attendance on the patient at the practitioner's residence, surgery, or dispensary	...	...	...
(3)	Special visit, i.e., visit paid by the patient's desire on the same day as a call received after a.m., or on Sunday	...	...	...
(4)	Night visit, i.e., visit made between the hours of 8 p.m. and 8 a.m. in response to a call received between those hours	...	...	...
(5)	Surgical operation requiring local or general anæsthetic or treatment of abortion or miscarriage in so far as not included in maternity benefit	...	...	...
(6)	Setting of fracture	...	...	...
(7)	Reduction of dislocation	...	...	...
(8)	Administration of general anæsthetic for the purposes of any operation included in medical benefit	...	...	...
(9)	Treatment of tuberculosis in so far as the patient is not entitled to obtain such treatment as part of sanatorium benefit—			
	(a) per visit...	...	...	...
	(b) per attendance at practitioner's residence, surgery or dispensary	...	...	...

SECOND SCHEDULE.

LIST OF APPLIANCES.

Bandages:

Calico, bleached.
Calico, unbleached.
Crepe.
Domette.
Elastic web.
Flannel.
India rubber.
Muslin.
Plaster of Paris.
Open-weave.

Lints:

Unmedicated.
Boric.
Sal-alembroth.

Cotton wool:

Unmedicated.
Boric.
Sal-alembroth.

Wood wool.

Tow, plain.

Oiled silk.

Oiled paper.

Oiled cambric.

Gutta percha tissue.

Adhesive plaster.

Ice-bags:

India rubber.
Chcck shecting.

Splints.

Catheters:

Gum-elastic.
Soft rubber.

Gauzes:

Unmedicated.
Boric.
Carbolic.
Cyanide.
Iodoform.
Picric.
Sal-alembroth.
Sublimate.

THIRD SCHEDULE.

CONDITIONS OF AGREEMENT FOR SUPPLY OF DRUGS AND APPLIANCES BY CHEMIST.

1. The National Insurance Acts, 1911 to 1913, and these Regulations or other Regulations for the administration of medical benefit in force for the time being in the County are incorporated in and form part of the agreement.

2. The chemist shall undertake the supply of drugs and appliances to insured persons at the place or places of business specified for the purpose.

3. The chemist shall, with reasonable promptness, supply to any person presenting an order for drugs or appliances on a form provided by the Committee for the purpose, and signed by any practitioner on the panel or his deputy, such drugs or appliances as are so ordered, and shall so far as practicable keep in stock for that purpose the drugs and medical and surgical appliances specified for the purpose.

4. All drugs and appliances shall be of good quality, and shall be supplied at the prices specified for the purpose together with (in the case of medicines requiring to be dispensed) a fee for dispensing calculated in the specified manner.

[Note.—These particulars will be contained in a Schedule to the agreement.]

5. In the case of any drug, the price of which is not so specified, the price shall be calculated by reference to a scale prepared for the purpose together with a dispensing fee calculated as aforesaid where dispensing is required.

6. The chemist shall provide, free of charge to a person presenting such order as aforesaid, proper bottles or other vessels for any substances to which Section 5 of the Poisons and Pharmacy Act, 1908, or the Regulations made under Section 1 of the Pharmacy Act, 1868, relate.

7. Where a person upon presenting an order for any drug or appliance (not being a substance to which the last preceding clause relates) for which a bottle or other vessel is requisite, deposits with the chemist the price of the bottle or other vessel, the chemist shall upon the return of the said bottle or other vessel in a clean condition pay back the sum so deposited.

8. The dispensing of medicines shall be performed either by or under the direct supervision of a registered pharmacist or by a person who for three years immediately prior to the 16th December, 1911, has acted as a dispenser to a practitioner or a public institution.

9. All drugs and appliances shall be supplied to the person presenting such order as aforesaid free of charge to that person.

10.—(i) If, owing to any breach on the part of the chemist of the agreement, any expenses have been reasonably and necessarily incurred by the Committee or by any insured person, or the Committee are deprived of any sum which would otherwise have been payable towards the cost of providing medical benefit, the Committee shall be entitled to recover from the chemist or his legal personal representative either by deduction from any moneys payable under the agreement or otherwise, the amount of the expenses so incurred and of the sum of which the Committee have been so deprived.

(ii) Before taking action on any matter under the provisions of this clause, the Committee shall, unless the matter has previously been dealt with by the Pharmaceutical Service Sub-Committee or Joint Services Sub-Committee, refer it to the Pharmaceutical Service Sub-Committee which shall deal with the matter in accordance with the Regulations relating to the powers and duties of that Sub-Committee.

(iii) The chemist or his legal personal representative shall be entitled to appeal to the Commissioners from any decision of the Committee under this clause within fourteen days after receiving notice of that decision.

11. Any dispute or question (other than a question which under the provisions of these Regulations or of the last preceding clause hereof is.

referred to the Pharmaceutical Service Sub-Committee) arising between the Committee and the chemist or his legal personal representative relating to the construction of the agreement or the rights and liabilities of the Committee or the chemist or his legal personal representative hereunder shall be referred to the Commissioners.

12. In the event of the Commissioners exercising any of the powers conferred on them by the proviso to subsection (2) of Section 15 of the principal Act or by the proviso (i) to subsection (5) of that section, or by Section 11 of the amending Act, in respect of the area of the Committee or any portion of that area, the Committee may, if the Commissioners so require, on giving not less than seven days notice determine the agreement, but save as aforesaid, the agreement shall not be varied or determined otherwise than in accordance with the provisions of Part II. of these Regulations.

FOURTH SCHEDULE.

FORM OF NOTICE TO BE EXHIBITED BY PERSONS UNDERTAKING THE SUPPLY OF DRUGS OR APPLIANCES OR BOTH.

NATIONAL INSURANCE ACTS, 1911 to 1913.

(Name of Person or Firm contracting.)

[Note.—Strike out words not applicable.]

Under contract with the Insurance Committee for the County [or County Borough] of.....

To dispense medicines.

To supply drugs.

To supply drugs (except scheduled poisons).

To supply appliances.

FIFTH SCHEDULE.

Scale for calculating Remuneration in respect of the Treatment of Temporary Residents.

	£	s.	d.
(1) Visit to the patient's residence	0	2	6
(2) Attendance on the patient at the practitioner's residence, surgery, or dispensary	0	2	0
(3) Special visit, <i>i.e.</i> , visit paid by the patient's desire on the same day as a call received after 10 a.m., or on Sunday ...	0	3	6
(4) Night visit, <i>i.e.</i> , visit made between the hours of 8 p.m. and 8 a.m. in response to a call received between those hours...	0	5	0
(5) †Surgical operation requiring local or general anæsthetic, or case of abortion or miscarriage in so far as not included in maternity benefit	1	1	0
(6) Administration of general anæsthetic for the purposes of any operation included in medical benefit	1	1	0
(7) †Setting of fracture	1	1	0
(8) †Reduction of dislocation... ..	1	1	0
(9) Mileage, per mile beyond three miles, (one way only) ...	0	1	0
(10) Attendance on the patient at the practitioner's residence, surgery, or dispensary for the purpose of granting certificate	0	1	0

† Subsequent visits or attendances to count as ordinary visits or attendances.

SIXTH SCHEDULE.

FORM 1.

Notice to the Practitioner of intention to hold Inquiry.

In the matter of _____ a medical practitioner,
 _____ and
 In the matter of the National Insurance Acts, 1911 to 1913.

To _____ of _____ .

Take notice that a representation has been made by _____ of _____ to the Insurance Commissioners that your continuance on the panel of medical practitioners for the County [County Borough] of _____ would be prejudicial to the efficiency of the medical service of insured persons, and that it is proposed to hold an Inquiry with respect to the above representation.

A statement of the alleged facts and grounds on which the above representation is based will be sent to you as soon as possible, and notice of the date appointed for the holding of the Inquiry will follow in due course.

A print of the National Health Insurance (Medical Benefit) Regulations (England), 1913, is enclosed herewith for your information.

Signed.....

Secretary
 or
 Assistant Secretary } to the Insurance Commissioners.

Dated.....

FORM 2

Notice to Complainant of intention to hold Inquiry.

In the matter of _____ a medical practitioner,
 _____ and
 In the matter of the National Insurance Acts, 1911 to 1913.

To _____ of _____

Take notice that it is proposed to hold an Inquiry with respect to the representation dated the _____ day of _____ 19 , made by you to the Insurance Commissioners to the effect that the continuance of the above-named _____ on the panel of medical practitioners for the County [County Borough] of _____ would be prejudicial to the efficiency of the medical service of insured persons.

You are hereby required within _____ days after receipt of this notice to set out on the accompanying form—

(a) a concise statement of the facts and grounds on which your said representation is based; and

(b) a list of all the documents (if any) which you propose to put in evidence at the Inquiry

and to forward the form to the Insurance Commissioners, Buckingham Gate, London, S.W.

Notice of the day appointed for the holding of the Inquiry will be sent to you in due course.

A print of the National Health Insurance (Medical Benefit) Regulations (England), 1913, is enclosed herewith for your information.

Signed.....
 Secretary }
 or } to the Insurance Commissioners.
 Assistant Secretary }

Dated.....

Statement of Complaint.

In the matter of a medical practitioner
 and

In the matter of the National Insurance Acts, 1911 to 1913.
 To the Insurance Commissioners, Buckingham Gate, London, S.W.

The facts and grounds on which the representation made by me with
 respect to the above-named is based are as follows:—

[*Here set out concise statement of facts and grounds.*]

The following is a list of all the documents which I propose to put in
 evidence:—

[*Here set out list of documents.*]

Signed.....
 Dated.....

FORM 3.

Application for extension of time.

In the matter of a medical practitioner,
 and

In the matter of the National Insurance Acts, 1911 to 1913.
 To the Insurance Commissioners, Buckingham Gate, London, S.W.

I hereby apply for an extension of the time within which my Statement
 of Complaint in the above matter may be lodged, upon the grounds
 following, that is to say:—

[*Here set out concisely the grounds on which the extension of time is
 desired.*]

Signed.....
 Dated.....

FORM 4.

Grant of extension of time.

In the matter of a medical practitioner,
 and

In the matter of the National Insurance Acts, 1911 to 1913.
 To of

With reference to the application for an extension of time, dated the
 day of , made by you to the Insurance
 Commissioners, I am directed by the Insurance Commissioners to state
 that they have consented to extend the time within which your statement
 of complaint in the above matter may be lodged for a further period of
 days from the day of
 [or that they have not consented to extend the time within which your
 statement of complaint in the above matter may be lodged].

Signed.....
 Secretary }
 or } to the Insurance Commissioners.
 Assistant Secretary }

Dated.....

FORM 5.

Notice to Practitioner of alleged facts and grounds on which representation is based.

In the matter of _____ a medical practitioner,
and

In the matter of the National Insurance Acts, 1911 to 1913.

To _____ of

With reference to the representation made by _____ of _____ concerning you (of which representation due notice was given to you dated the _____ day of _____) I am directed by the Insurance Commissioners to send you a copy of the statement of complaint received by the Commissioners from the said _____ setting out the alleged facts and grounds on which the said representation is based, together with a list of all the documents proposed to be put in evidence by him.

You may, if you so desire, inform the Commissioners by statement in writing addressed to me within _____ days after receipt of this notice, whether you admit or dispute in whole or in part the truth of the alleged facts and grounds.

You are further entitled to inspect any of the documents mentioned in the above list, either personally or by an agent authorised in writing, on giving due notice to the above-named _____, and, by applying to the Commissioners for that purpose, to receive copies of any of the said documents.

Signed.....

Secretary
or
Assistant Secretary } to the Insurance Commissioners.

Dated.....

FORM 6.

Notice to Complainant or Practitioner of day appointed for holding of Inquiry.

In the matter of _____ a medical practitioner,
and

In the matter of the National Insurance Acts, 1911 to 1913.

To _____ of

With further reference to the representation made by you with respect
to the above-named _____ by _____

of _____ with respect to you

Take notice that the Inquiry Committee composed of the following persons, namely:—

will on _____ day the _____ day of _____ 19
at _____ a.m. at _____ hold an Inquiry to investigate the
p.m. _____ said representation with a view to reporting thereon to the Insurance Commissioners.

You are hereby informed that if you do not attend on the date at the time and place appointed for the Inquiry, the Inquiry Committee may proceed to hold the Inquiry in your absence.

Signed.....

Secretary
or
Assistant Secretary } to the Insurance Commissioners.

Dated.....

FORM 7.

Notice of Inquiry to be sent to any Insurance Committee which is not the Complainant.

In the matter of _____ a medical practitioner,
and _____

In the matter of the National Insurance Acts, 1911 to 1913.
To the Insurance Committee for the County [County Borough] of _____

Take notice that a representation has been made by _____ of _____ to the Insurance Commissioners to the effect that the continuance of the above-named _____ on the panel of medical practitioners for the County [County Borough] of _____ would be prejudicial to the efficiency of the medical service of insured persons.

You are hereby informed that an Inquiry to investigate the said representation will be held by the Inquiry Committee constituted by the Commissioners on _____ day the _____ day of _____ 19 _____,

at _____
a.m. at
p.m.

and that you are entitled to appear and take such part in the proceedings as the Inquiry Committee shall think proper.

Signed.....

Secretary
or
Assistant Secretary } to the Insurance Commissioners

Dated.....

FORM 8.

Application for leave to appear at Inquiry by representative.

In the matter of _____ a medical practitioner,
and _____

In the matter of the National Insurance Acts, 1911 to 1913.
To the Clerk to the Inquiry Committee, Insurance Commissioners,
Buckingham Gate, London, S.W.

I (We), _____, hereby apply for leave to appear at the Inquiry to be held with respect to the above-mentioned matter by a representative, viz. (state name and description of representative).

Signed.....

Dated.....

FORM 9.

Withdrawal of representation.

In the matter of _____ a medical practitioner,
and _____

In the matter of the National Insurance Acts, 1911 to 1913.
To the Insurance Commissioners, Buckingham Gate, London, S.W.

I hereby give notice that I withdraw the representation made by me in the above matter.

Signed.....

Dated.....

FORM 10.

Notice to Practitioner of Case for Inquiry.

In the matter of _____ a medical practitioner,
and

In the matter of the National Insurance Acts, 1911 to 1913.

To _____ of

Take notice that the Insurance Commissioners have under consideration the question of holding an Inquiry with respect to the matters appearing in the subjoined statement, for the purpose of ascertaining whether your continuance on the panel of medical practitioners for the County [County Borough] of _____ would be prejudicial to the efficiency of the medical service of insured persons.

You may, if you so desire, inform the Commissioners by statement in writing, addressed to me, within seven days after receipt of this notice, whether you admit or dispute in whole or in part the truth of the matter appearing in the said statement.

If the Insurance Commissioners decide to hold an Inquiry, notice of the date appointed for the Inquiry will be sent you in due course.

A print of the National Health Insurance (Medical Benefit) Regulations (England), 1913, is enclosed herewith for your information.

Signed.....

Secretary
or
Assistant Secretary } to the Insurance Commissioners.

Dated.....

[Statement of grounds for Inquiry.]

FORM 11.

Notice to Practitioner of day appointed for holding of Inquiry.

In the matter of _____ a medical practitioner,
and

In the matter of the National Insurance Acts, 1911 to 1913.

To _____ of

Take notice that after further consideration of the matters referred to in their notice of _____ [and of the statement, dated the _____ day of _____, 19____, forwarded by you to them], the Insurance Commissioners have decided to hold an Inquiry, and you are hereby informed that the Inquiry Committee, composed of the following persons, namely:—

will on _____ day, the _____ day of _____ 19____, at _____,
at _____ a.m.
p.m. hold an Inquiry to investigate the said matters with a view to reporting thereon to the Insurance Commissioners.

You are further informed that if you do not attend on the date at the time and place appointed the Inquiry Committee may proceed to hold the Inquiry in your absence.

Signed.....

Secretary
or
Assistant Secretary } to the Insurance Commissioners

Dated.....

FORM 12.

Notice of Inquiry to be sent to Insurance Committee, where no representation has been made to the Commissioners.

In the matter of _____ a medical practitioner,
and _____

In the matter of the National Insurance Acts, 1911 to 1913.

To _____ of _____

Take notice that the Insurance Commissioners have decided to hold an Inquiry with respect to the matters appearing in the subjoined statement for the purpose of ascertaining whether the continuance of the above-named _____ on the panel of medical practitioners for the County [County Borough] of _____ would be prejudicial to the efficiency of the medical service of insured persons.

You are hereby informed that the Inquiry will be held by the Inquiry Committee constituted by the Commissioners on _____ day, the _____ day of _____ 19____, at _____ at _____ a.m. p.m.

and that you are entitled to appear and to take such part in the proceedings as the Inquiry Committee shall think proper.

[Statement of matters for Inquiry.]

Signed.....

Secretary

or

Assistant Secretary

} to the Insurance Commissioners.

Dated.....

SEVENTH SCHEDULE.

Rules for procedure at Inquiry.

1. The Inquiry Committee shall be at liberty to proceed with the Inquiry on the appointed day in the absence of either party (whether represented or not), if they are of opinion that it is just and proper to do so.

2.—(1) The Inquiry Committee may adjourn the Inquiry from time to time as they think fit, and hold adjourned sittings at such time and place as may appear to them suitable.

(2) Witnesses may be heard at the Inquiry on behalf of either party, and all witnesses (including the parties) shall be subject to examination and cross-examination as nearly as may be as if they were witnesses in an ordinary action.

(3) The Chairman of the Committee shall preside at the Inquiry, but, subject to the decision of the Chairman as to the admissibility of any question, any member of the Committee may put questions to any witness, and the Committee may if they think fit call for such documents and examine such witnesses as appear to them likely to afford evidence relevant and material to the issue, although not tendered by either party.

3. Subject to the provisions of Part VI. of these Regulations and of this Schedule, the proceedings at the Inquiry shall be conducted in such manner as the Inquiry Committee may direct.

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